



67 North Main Street
New City, NY 10956
Tel: 845-634-8911
Fax: 845-634-9002

ACKNOWLEDGEMENTS OF PRIVACY PRACTICES

I _____ acknowledge that I have read the Privacy Practices provided to me by Kids Plus Pediatrics P.C., and understand the following:

- The legal duty of the provider
- Uses and disclosures of health information
- My patient rights

Date: _____

Patient's Printed Name

Patient's Signature (if 18 years or older)

Patient's Date of Birth

Parent/Legal Guardian's Signature

Relationship to Patient

I make the following special request for confidential communications:

Parent/Legal Guardian's Signature

Date

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but it could not be obtained because:

- Individual refused to sign
- Communication barrier prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify) _____

Staff Signature _____

Date _____