



Acknowledgement of Receipt of Notice of Privacy Practices

I have received a copy of this office's Notice of Privacy Practices.

Patient Name: _____ DOB: _____

Signature of Patient or Parent/Guardian: _____ Date: _____

Consent for Use and Disclosure of Health Information

By signing this form, you consent to our use and disclosure of your/your child's protected health information (PHI) to carry out treatment, payment activities, and healthcare operations.

You have the right to read our Notice of Privacy Practices before you decide whether to sign this Consent. Our Notice provides a description of our treatment, payment activities, and healthcare operations, of the uses and disclosures we may make of your/your child's PHI, and of other important matters about your/your child's PHI. A copy of our Notice accompanies this Consent. We encourage you to read it carefully and completely before signing this Consent. You may also view and print a copy of this Notice by going to our website, www.whitespediatrics.com.

You will have the opportunity to revoke this Consent at any time by giving us written notice of your revocation. Please understand that revocation of this Consent will not affect any action we took in reliance on this Consent before we received your revocation.

Signature of Consent

I have had full opportunity to read and consider the contents of this Consent form and your Notice of Privacy Practices. I understand that, by signing this Consent form, I am giving my consent to your use and disclosure of my/my child's PHI to carry out treatment, payment activities, and healthcare operations.

Signature: _____ Date: _____

Relationship to Patient: _____

FOR OFFICE USE ONLY

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

☐ Individual refused to sign ☐ An emergency situation prevented us from obtaining acknowledgement

☐ Other (Please Specify) _____