ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

We are required by State and Federal laws, including the HIPAA rules, to safeguard general and health-related information about you. We have a Notice of Privacy Practices that explains how your protected health information is handled and how we may use and/or disclose your protected health information. The Notice of Privacy Practices is provided to patients (and/or their authorized representatives) when they first become our patient.

We are asking you to sign this form to show that we offered you a copy of our Notice of Privacy Practices. Copies are available on our website, in the waiting room, and personal copies can be requested from our staff. By signing below you are only acknowledging that you were offered or received a copy of the Notice of Privacy Practices. You may refuse to sign this acknowledgment if you wish. You are not making any statement about the content of the Notice of Privacy Practices or about your agreement or disagreement with any portion of it.

Acknowledgment

I acknowledge that Springtime Pediatrics has offered or provided me with a copy of its Notice of Privacy Practices, which describes how medical information about me may be used and/or disclosed, and how I can access this information. I understand that if I have questions or complaints I may contact: **HIPAA Compliance Officer Dr. Yasmine Monib at (832) 844-1470.** I also understand that I am entitled to receive updates upon request if Springtime Pediatrics amends or changes its Notice of Privacy Practices in a material way.

_____ _____

Signature of patient or patient's representative Date

_____ _____

Printed name of patient/patient's representative Relationship to patient

For OFFICE USE ONLY

I made a good faith effort to obtain a written acknowledgment of receipt of the Notice of Privacy Practices from the above-named patient, but was unable to because:

[ ] Patient declined to sign this Written Acknowledgment.

[ ] Other (Specify): _____

_____ _____

Name and Title of Employee Date