

CARING HANDS PEDIATRICS
Acknowledgement of Receipt of Notice of Privacy Practices

Caring Hands Pediatrics has a Notice of Privacy Practices, which describes how we may use and disclose your protected health information and how you can access your protected health information and exercise other rights concerning this information. You may review our current notice prior to signing this acknowledgment. We reserve the right to change our Notice of Privacy Practices and to make the terms of any change effective for all protected health information that we maintain, including information created or obtained prior to the date of the effectiveness of the change. You may obtain a revised note by submitting a request to our Privacy Officer.

How to Contact our Privacy Officer

Mail: Caring Hands Pediatrics
Attention Privacy Officer
105 Braunlich Drive Suite 102
Pittsburgh, Pennsylvania 15237

Telephone: (412) 369-7720
Fax: (412) 369-7751

Acknowledgement of Receipt

I acknowledge that I have received the "Notice of Privacy Practices" for Caring Hands Pediatrics.

Name of Patient

Signature of patient (or personal representative)

Date

Personal Representative Name: _____

Relationship/Authority: _____

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Good Faith Effort to Obtain Acknowledgement of Receipt

I provided the above named patient/personal representative with the "Notice of Privacy Practices".

Describe how the notice was provided:

- () Offered copy and individual refused to accept delivery
- () Offered copy and individual accepted delivery

Describe efforts to obtain signature on acknowledgement of notice form:

- () Patient/personal representative was asked to sign and refused.

Signature of Staff Member

Date