

**Weston Pediatric Physicians. P.C.**

**ACKNOWLEDGMENT OF RECEIPT OF PRIVACY NOTICE**

Note: In this notice, "you" and "your" are also used to mean and pertain to "your child(ren)."

The providers at Weston Pediatrics (physicians, nurse practitioners) and the nursing and administrative staff, at the direction of the physicians, may share your health information for treatment, payment and "health care operations.

I understand that my health information may be used for treatment, payment or healthcare operations purposes, such as:

1. Sharing my health information among providers (both inside and outside the practice), on a need-to-know basis, to give me treatment;
2. Using my health information for billing purposes, including giving referrals to specialists, when necessary and appropriate;
3. Sharing my health information with health insurance companies, government agencies, or other payers that request information related to benefits determinations, claims filed for visits or admission, and other billing matters;
4. Using my health information for healthcare operations, including monitoring the quality of care, audits and surveys, and carrying out other business and administrative activities;

I understand that all reasonable efforts will be made to protect the privacy of my health information, whether maintained on paper or electronically, and regardless of how it is communicated (paper, e-mail, fax mail).

I have been given a copy of the Weston Pediatrics Privacy Notice, which explains in detail how my health care information is used and shared with others. The Notice explains (1) when I need to give further approval for the providers to use my health information or share it outside the practice and (2) when my permission is not needed for the providers to use my health information or share it outside the practice (e.g. required by law, public health activities, etc.).

I understand that Weston Pediatrics has reserved the right to change the Privacy Notice at any time. I may obtain a current copy of the Privacy Notice by request when I am in the office or by contacting the Privacy Officer or from the practice's website [www.westonpediatrics.com](http://www.westonpediatrics.com)

My signature below constitutes my acknowledgment that I have been provided a copy of the Privacy Notice.

\_\_\_\_\_  
Name of child

\_\_\_\_\_  
Child's Date of Birth

\_\_\_\_\_  
Signature of patient (if over the age of 18) or parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Print)

If you decide not to sign, we are permitted to use a signature by one of our employees as proof that you have received our NOTICE. That employee should be the one who has explained to you the need for you to acknowledge that we have attempted to give you a copy of the notice or asked you to read a copy.

\_\_\_\_\_  
Signature of Weston Pediatric Physicians Employee

\_\_\_\_\_  
Date