



I _____ (parent/guardian name) hereby acknowledge that I have reviewed and received a copy of this practice's Notice of Privacy Practices, which has been updated for the new Omnibus Rule and has an effective date of July 16,2015.

The notice describes:

- the ways that the Privacy Rule allows our practice to use and disclose protected health information. How our practice will get your permission, or authorization, before using your health records for any other reason.
- the practice's duties to protect health information privacy.
- the patient's privacy rights, including the right to complain to HHS and to the covered entity if you believe your privacy rights have been violated.
- how to contact our practice for more information and to make a complaint.

I understand that the Notice of Privacy Practices may be revised from time to time and that I have a right to receive an updated copy upon request.

PARENT/GUARDIAN SIGNATURE

RELATIONSHIP TO PATIENT

PATIENT NAME

PATIENT DOB

DATE