

Hyde Park Pediatrics, 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.”

The providers at Hyde Park 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 Hyde Park Pediatrics Privacy Notice in more 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 Hyde Park Pediatrics has reserved the right to change the Privacy Notice at any time. I may obtain a current copy of the Privacy Notice by contacting the Privacy Officer or from the practice’s website www.hydeparkpedi.com

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

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

Date

Name (Print)

