

**ALL ABOUT KIDS PEDIATRICS
292 BROOKS MALOTT ROAD
MT. ORAB, OH 45154
PHONE: (937) 444-0035 / FAX: (937) 444-0036**

**ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE
AND CONSENT TO USE HEALTH INFORMATION**
Read before signing the Acknowledgement and Consent

This acknowledgement of notice and consent authorizes **ALL ABOUT KIDS PEDIATRICS** to use health information about you for treatment, payment, and health care operations purposes.

NOTICE OF PRIVACY PRACTICES: **ALL ABOUT KIDS PEDIATRICS** has a Notice of Privacy Practices which describes how we may use your protected health information and how you can access your protected health information and exercise other rights concerning your protected health information. You may review our current notice prior to signing this acknowledgment and consent.

AMENDMENTS: 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 effective date of the change. You may obtain a revised notice by submitting a written request to our Privacy Officer.

How to contact our Privacy Officer

Mail: ALL ABOUT KIDS PEDIATRICS Phone: (937) 444-0035
292 BROOKS MALOTT ROAD
MT. ORAB, OH 45154

Acknowledgement and Consent

I have received the Notice of Privacy Practices for **ALL ABOUT KIDS PEDIATRICS** is authorized to use health information about (please print patient's name) _____ for treatment, payment, and healthcare operations purposes consistent with its Notice of Privacy Practices.

Signature of Patient

Date

Account #

Personal representative information (if applicable):

Name of Personal Representative

Relationship to Patient

IDENTITY OF RECIPENTS: Provide the name or other specific identification of the person(s) or class of persons to whom the covered entity may disclose the covered information:

Permission to Leave Message: YES _____ NO _____

Daytime Phone@#

On My Home Answering Machine Phone@#

On My Voicemail@#

With My Designated and Authorized Person(s) Named Below:
