



Notice of Privacy Practices and Acknowledgement

I understand that, under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. This notice describes how my health information can be disclosed and how I can gain access to this information.

Your Rights:

You have the right to:

- Get a copy of your medical record
- Correct your medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a copy of this privacy notice

Our uses and disclosures:

We may use and share your information to:

- Conduct, plan, and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment (directly and indirectly).
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality improvement and physician certifications.
- Help with public health or safety issues.

I have also been informed or given a right to review or obtain a copy of the Notice to Privacy Practices (located on our website at www.peakpediatrics.com), which contain a more complete description of the uses and disclosures of my protected health information and my rights under HIPAA. I understand that Peak Pediatrics reserves the right to change the terms of this notice from time to time and that I may contact the office at any time to obtain the most current copy of this notice.

Patient Name _____ Date of Birth _____

Parent/guardian Name _____

Relationship to patient _____

Parent/guardian signature (if under the age of 18 or patient is unable to sign) _____

Patient signature (if 18 or older) _____

I authorize communication about my health information with the following people (not required for parents or legal guardians):

Name: _____

Relationship to patient: _____