

PEDIATRIC CARE OF YORK, P.C.

RECEIPT OF NOTICE OF PRIVACY PRACTICES
WRITTEN ACKNOWLEDGEMENT FORM

Our practice is committed to securing the privacy of your health information. Accordingly, we have provided you with a copy of our practice's Notice of Privacy Practices. You are not required to read this Notice. However, we would like your acknowledgment that you have been notified that Pediatric Care of York, P.C. has such a Notice of Privacy Practices.

We reserve the right to make changes to this privacy notice as necessary without renotifying patients (parents or guardians). A current copy will be available at our reception desk, you may ask for one anytime. You may, also, obtain a current copy of this Notice at our website, www.p-c-y.com.

I _____, _____,
(Print Name) (Relationship to child/ren - mother, father, etc.)
have received a copy of Pediatric Care of York, P.C.'s Notice of Privacy Practices.

	Name	Date of Birth
My child/ren	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

(Signature of Patient, Parent, Guardian)

(Date)

(Witness)

Patient (parent or guardian) was given the opportunity to receive a copy of the Notice of Privacy Practices this date, but has refused to sign acknowledgment.

(Signature of practice employee)

(Date)

HIPAA Form filed in Medical Record of Each Child (patient)