



Acknowledgement of Privacy Practices

Written Acknowledgement of Receipt of Alice Pediatric Clinic Notice of Privacy Practices

By signing below, you acknowledge receiving the Alice Pediatric Clinic (APC) Notice of Privacy Practices (Notice). The Notice explains how APC may use and disclose your protected health information for treatment, payment and healthcare operations purposes. Protected health information means your personal health information found in your medical and billing records.

APC reserves the right to change the Notice from time to time. A copy of the current Notice or a summary of the current Notice will be posted at patient service locations throughout APC and on our website at ALICEPEDIATRIC.COM. The effective date of the Notice will appear on the first page of the Notice or summary. In addition, each time you register to any APC for treatment or healthcare services , APC will have available for you, at your request, a copy of the current Notice in effect.

Your signature below only acknowledges that you have received the Notice.

If you have any questions about the Notice, please contact the APC Medical Record Office. Contact information is located in the Notice.

Printed Name of Patient _____

Patient's Date of Birth _____

Printed Name of Patient's Representative _____

Relationship of Patient's Representative _____

Signature of Patient or Patient's Representative _____

Date _____