

ABC PEDIATRIC GROUP, P.C.

Disclosure of Notice of Privacy Practices

We, Drs. Blair and Cumberbatch, and our staff, want you to know how important protecting your private health information (“PHI”) is to us:

When you visit our office, it is very important that you feel safe providing us with PHI which may be required to properly diagnose and/or treat a medical condition. As health care professionals, please be assured that our Practice has implemented, and strictly follows, policies and procedures which protect the confidentiality of the PHI you entrust to us. However, on April 14, 2003, new regulations were enacted under a federal law known as Health Insurance Portability and Accountability Act (“HIPAA”) which governs physicians and all other health care providers, health insurance companies and their claims processing staffs. HIPAA was enacted to establish national standards to:

- ☺ Give Patients more **control** over their PHI;
- ☺ Set **boundaries** for the use and release of health records;
- ☺ Establish **safeguards** that physicians, health plans and other health care providers must observe to protect the privacy of your PHI;
- ☺ Hold violators **accountable** and subject to civil and criminal penalties for failure to follow these regulations; and
- ☺ Balance the **protection of individual privacy** with **public responsibility** in the disclosure of PHI used for public health purposes.

HIPAA requires that we provide the attached Notice of Privacy Practices to all Patients seen after August 2006. This Notice describes how our Practice may use and/or disclose your PHI as well as your right to access your PHI.

Please sign this Disclosure acknowledging that we have provided a copy of the attached Notice for your review. In addition, you are entitled to receive a copy of the Notice for your personal records upon request.

If you have any questions concerning our Privacy Practices, please feel free to contact our Privacy Officer.

Thank you for your cooperation.

I acknowledge that I have received a copy of Notice of Privacy Practices provided by *ABC PEDIATRIC GROUP, P.C.*, and that I have been offered the opportunity to ask any questions I have concerning such Notice.

Patient Name:

Patient / Personal Representative:

(Please Print)

(Signature)

If Personal Representative, please give relationship to Patient:

Date: _____