SANDPIPER PEDIATRICS

Acknowledgement of Privacy Practices (HIPAA)

We want to inform you of the rights you have as a patient under the Health Insurance Portability & Accountability Act (HIPAA) of 1996.

Under HIPAA, I understand that my personal information may be used to:

- Provide and coordinate my treatment among a number of healthcare providers who may be involved in my treatment directly or indirectly
- Obtain payment for third-party payers for my healthcare services
- Conduct normal healthcare operations such as quality assessment and improvement activities

I have been informed of Sandpiper Pediatrics. PLLC's Notice of Privacy Practices and understand that I may request a copy of this Notice for my own use. I understand that Sandpiper Pediatrics, PLLC has the right to change the Notice of Privacy Practices and that I may contact the office to obtain a current copy of the Notice of Privacy Practices.

I understand that I may request in writing that you restrict how my protected health information is used and disclosed to carry out treatment, payment or health care operations. I further understand that Sandpiper Pediatrics is not required to accept my requested restrictions, but if they are accepted then I understand that Sandpiper Pediatrics will honor my request unless it is an emergency.

I further understand that I have the right to not sign this acknowledgement in order to receive treatment at Sandpiper Pediatrics.

This acknowledgement is in effect until (please circle): Age of 18 Other (specify):_____

The following people may receive protected healthcare information"

_____ _____

_____ _____

_____ _____

_____ _____

With my signature below, I acknowledge and understand that this information will be kept in my medical record and the instructions above will be honored until revoked by me in writing. It is my responsibility to notify Sandpiper Pediatrics should I change one or more of the telephone numbers listed above.

_____/_____ _____/_____

Signature /Date Patient Name /Date

_____ _____

Representative Name Relation to Patient

For administrative use only:

We are unable to obtain written acknowledgement of our Notice of Privacy Practices due to the following reason(s):

O Patient declined to sign O Emergency situation O Communications barrier O Other (specify):_____