

Best Kids Care
Privacy Policy Acknowledgment

I consent to the use or disclosure of my protected health information by BEST KIDS CARE, P. A. for the purpose of analyzing, diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of BEST KIDS CARE, P.A.. I understand that analysis, diagnosis or treatment of me by **BEST KIDS CARE, P.A.** may be conditioned upon my consent as evidenced by my signature below.

I understand I have the right to request as to how my protected health information is used or disclosed to carry out treatment, payment or healthcare operations of the practice. BEST KIDS CARE, P. A. is not required to agree to the restrictions I request. However, if BEST KIDS CARE, P.A. agrees to the restrictions that I request, the restriction is binding on BEST KIDS CARE, P.A..

I have the right to revoke this consent, in writing, at any time, except to the extent that BEST KIDS CARE, P.A. has taken action in reliance on this Consent.

My "protected health information" means health information, including my demographic information, collected from me and created or received by my physician, another healthcare provider, a health plan, my employer or a healthcare clearing house. This protected health information relates to my past, present, or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe the information may identify me.

I have been provided with a copy of the Notice of Privacy Practices of BEST KIDS CARE, P. A. and I understand that I have the right to review the Notice of Privacy Practices prior to signing this document. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills or in the performance of health care operations of BEST KIDS CARE, P.A.. The Notice of Privacy Practices for BEST KIDS CARE, P.A. is also posted in the waiting room at BEST KIDS CARE, P.A. This Notice of Privacy Practices also describes my rights and duties of the BEST KIDS CARE, P.A. with respect to my protected health information.

BEST KIDS CARE, P.A. reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised Notice of Privacy Practices by call the office of BEST KIDS CARE, P.A. and requesting a revised copy be sent in the mail or asking at the time of my next appointment.

Signature of Parent/Guardian: _____

Printed Name of Patient: _____

Date: _____

OFFICE COPY