Flanders Pediatrics, LLC

Maria A.Lopez, M.D., F.A.A.P.
Kathryn Cambi, M.D., F.A.A.P.
Amy Blodgett, M.D., F.A.A.P
Elizabeth Henry, APRN
Katie Grigg, APRN
Stephanie Adams, APRN

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

We are required by state and federal laws, including HIPAA rules to safeguard general and health-related information about you. We have created a Notice of Privacy Practices that explains how your protected health information (PHI) is handled. The Notice of Privacy Practices is provided to patients or their parent/guardian when they first join our practice.
We are asking you to sign this form to show that we offered you a copy of our Notice of Privacy Practices. By signing below, you are acknowledging that you were offered or received a copy of the Notice of Privacy Practices from our office.

ACKNOWLEDGEMENT

I acknowledge that Flanders Pediatrics, L.L.C. has offered or provided me with a copy of its Notice of Privacy Practices, which describes how medical information about me may be used or disclosed and how I can access this information.

PATIENT NAME: _____ DOB: _____

AUTHORIZATION TO DISCLOSE PHI

I authorize the following person(s) to access my child's medical record including picking up prescriptions, bringing my child to appointments and discussing medical information.

_____	_____	_____
Name of authorized representative	Relationship	Phone number

_____	_____	_____
Name of authorized representative	Relationship	Phone number

I understand that I may revoke this authorization in writing at any time. I also understand that I am entitled to receive updates upon request if Flanders Pediatrics, L.L.C amends or changes its Notice of Privacy Practices in any way.

_____	_____
Signature of patient or parent/guardian	Date signed

_____	_____
Printed name of patient or parent/guardian	Relationship to patient

This section to be completed by Flanders Pediatrics, L.L.C. only if unable to obtain a written acknowledgement from the patient/parent/guardian.

Our office has made a good faith effort to obtain a written acknowledgement of receipt of the Notice of Privacy Practices from the above named patient/parent/guardian, but was unable to do so because:

□ Patient/parent/guardian declined to sign this acknowledgement

□ Other (specify) _____

Name/title of employee: _____ Date: _____

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