

**Your Information.  
Your Rights.  
Our Responsibilities.**

This page is for your signature saying you've had a chance to review HIPAA. **Please review it carefully.**

**Your  
Signature**

**When you sign below:**

- On behalf of your child under the age of 18
- Or for yourself if you are our patient and over 18.
- You're saying you've had the chance to review our privacy policy
- And ask any questions you may have.
- That you understand how we will keep your protected health information safe
- And get a copy of this privacy notice if you want one.

**Your  
Choices**

**You have some choices in the way that we communicate with you:**

- Email Address (Mom) \_\_\_\_\_
- Email Address (Dad) \_\_\_\_\_
- Email Address (Patient) \_\_\_\_\_
- Circle NO EMAIL if you'd prefer we not communicate by email.
- Cell Phone (Mom) \_\_\_\_\_
- Cell Phone (Dad) \_\_\_\_\_
- Cell Phone (Patient) \_\_\_\_\_
- May we leave a voicemail message on phone? \_\_\_\_\_ With family/other? \_\_\_\_\_

**Permission  
for other  
Caregivers**

**We may share your information with other people you designate:**

- Allowing them to schedule appointments, request med refills, get lab results
- Ask questions about health care planning or health information.
- This permission can be revoked at any time.
- List any names of caregivers who may need access to patient information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Signature: \_\_\_\_\_