Dr. T's Pediatrics PLLC Telephone # 718-520-8585

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Acknowledgment of Receipt of Notice of Privacy Practices

Use and disclosure of protected health information is regulated by a federal law known as the Health Insurance Portability and Accountability Act of 1996 ("HIPPA"), providers of healthcare are required to give patients their Notice of Privacy Practices for Protection Health Information and make a good faith effort to obtain a written acknowledgment that this notice was received.

Therefore, I legal guardian), acknowledge that Dr. T Notice of Privacy Practices for (print na			name of pation	
decide give parament				e e
Signature of Patient	•			
Printed Name	, , , , , , , , , , , , , , , , , , , ,	. 15 		
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