



Acknowledgement of Receipt of Notice of Privacy Practices

Premier Pediatrics reserves the right to modify the privacy practices outlined in the notice.

Signature:

I have reviewed a copy of the Notice of Privacy for Premier Pediatrics.

Name

Signature of Patient

Date

Signature of Patient Representative
(Required if the patient is a minor or an adult who is unable to sign this form)

Relationship of Patient Representative to Patient

I also hereby authorize the following people to accompany my child/children for their healthcare visits and authorize them to be their healthcare management.

_____ Relationship _____

_____ Relationship _____

_____ Relationship _____

_____ Relationship _____

You will not be penalized or otherwise retaliated against for filing a complaint.

Contact Person:

The name and address of the person you can contact for further information concerning our privacy practice is:

PRIVACY OFFICIAL
PREMIER PEDIATRICS
1405 METRO DR., BLDG. L
ALEXANDRIA, LA 71301
(318) 767-1543

EFFECTIVE DATE

This notice is effective after April 15, 2003