

West Texas Developmental Pediatric & Behavioral Health Network, P.A.

3301 101ST Street
Lubbock, Texas 79423
(806) 771-1386

Notice of Privacy Practices Acknowledgement Form

Health Insurance Portability & Accountability Act of 1996

A Current Copy Of The "Notice of Privacy Practices" Is Displayed In The Waiting Room

All Required Forms May Be Obtained From The Privacy Officer

I hereby acknowledge that I have been provided with a copy of this office's "Notice of Privacy Practices"

Patient's Signature or Authorized Party	Relationship to Patient	Date
Printed Name	Interpreter, if utilized	

Authorization to Release Medical Information to Schools / Personal Friends / Family Members

I, (legal guardian or patient name) _____, give my Permission to West Texas Developmental Pediatric & Behavioral Health Network, P.A. to discuss (child / patient name) _____ medical condition with the following individuals:

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

This includes, but is not limited to test results, lab results, treatment options, appointment times, and payment options.

Signature _____ Date _____