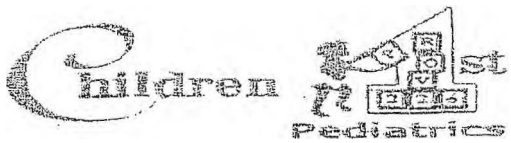

101 Beckett Lane, Suite 502
Fayetteville, Ga. 30214
678-817-1000

PATIENT PRIVACY ACKNOWLEDGMENT FORM

Patient Acknowledgment of Understanding Children First Pediatrics Privacy Practices

Patient's name:_____Date of birth: ____/____/____SSN:_____

I understand that the patient's health information is private and confidential.
I understand that Dr. Valarie Wright Manley and her staff work very hard to protect the patient's privacy and preserve the confidentiality of the patient's health information.

I understand that Dr. Valarie Wright Manley's office may use and disclose the patient's personal health information to help provide health care to the patient, to handle billing and payments, and to take care of other health care operations. In general, there will be no other uses and disclosures of this information unless I permit it. I understand that sometimes the law may require the release of this information without my permission These situations are very unusual. One example would be if a patient or patient's parent threatened to hurt someone.,

Children First Pediatrics, PC has a detailed document called the "Notice of Privacy Practices". It contains more information about the policies and practices protecting the patient's privacy and is available in the waiting room. I understand that I have the right to read the "Notice" before signing this Acknowledgment. I may also request a copy to take home.

Children First Pediatrics, PC may update this Acknowledgment and "Notice of Privacy Practices". If I ask, Dr. Valarie Wright Manley's staff will provide me with the most current "Notice of Privacy Practices".

Within this Notice of Privacy Practices is contained a complete description of my privacy/confidentiality rights. These rights include, but aren't limited to, access to my medical records; restrictions on certain uses; receiving an accounting of disclosures are required by law; knowing in what ways my records are used by this practice; understanding how this office protects my privacy (for example rules regarding our sign-in sheet); and requesting communication be by specified methods of communications or alternative location.

Children First Pediatrics, PC has established procedures, which help them, meet their obligations to patients. These procedures may include other signature requirements, written 'acknowledgments, and authorizations; reasonable time frames for requesting information; charges for copies and non-routine information needs; etc. I will assist Children First Pediatrics, PC by following these procedures if I choose to exercise any of my rights described in the "Notice of Privacy Practices".

My signature below indicates that I have been given the chance to review a current copy of Children First Pediatrics PC "Notice of Privacy Practices".

_____ _____ _____
Patient or legally authorized **individual** signature Date Time

_____
Relationship to patient if signed by anyone other than the patient (parent, legal guardian, personal representative, etc.)