NOTICE OF PRIVACY PRACTICES

Child's Name:_____ Child's Date of Birth:_____
Parent/Guardian's Name:_____ Relationship to child:_____

This notice describes how medical information about your child may be used and disclosed and how you are able to access this information. Please review it carefully. This notice takes effect on _____ and remains in effect until we replace it.

PRIVACY PLEDGE
The privacy of your child's medical information is important to us and we are committed to protecting it. The records that we prepare and keep regarding your child are required in order to provide quality care and to comply with certain legal requirements.

OUR LEGAL DUTY & RIGHTS
We are required to:
- keep your information private.
- provide you with this notice describing our legal duties, privacy practices and your rights. ● follow the terms of the current notice.

We have the right to:
- change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law.

PRIVACY PRACTICES
- We will not share any information regarding your child with any third party without proof of your explicit, written permission, except as required by law.

YOUR INDIVIDUAL RIGHTS
- You have the right to review your child's record upon written request.
- You have the right to know when and with whom we have shared information regarding your child's record. ● You have the right to revoke this authorization at any time by giving notification in writing, except to the extend that action has been taken in reliance upon it.

I have read and understand the privacy practices described above. I have retained a copy of this policy for my records.

_____

Parent/Guardian Signature Date