

PEDIATRIC SPORTS AND SPINE ASSOCIATES

2020 West State Highway 114, Suite 110

Grapevine, TX 76051

(817) 310-0810

Notice of Privacy Practices Acknowledgement

I understand that, under the Health Insurance Portability and Accountability Act of 1996, I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among multiple healthcare providers that may be involved in my treatment directly and/or indirectly.
- Obtain payment from third party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I have received, read and understand your *Notice of Privacy Practices* containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its *Notice* from time to time and that I may contact them at any time to obtain a current copy of the *Notice of Privacy Practices*

I understand that I may also request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or healthcare operations. I also understand you are not required to agree to my requested restrictions, but if you do agree you are bound to abide by such restrictions. I understand that requests to forward my medical records to another treating physician other than my primary care physician must be made in writing.

Patient Name: _____

Parent Signature: _____

Date: _____