



## NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT AND CONSENT

The Notice of Privacy Practices tells you how we may use and share your health records. Please read it!

We will use and share your health records:

- To treat you
- To bill for the services we provide
- To run our business - As required by law

All the ways we may use and share your health records are explained in more detail in the **Notice of Privacy Practices**.

You have the rights to:

- Look at and receive a copy of your health records
- Receive a list of whom we have given your health records to
- Ask us to correct a mistake in your health records
- Ask that we not use or share your health records
- Ask us to change the way we contact you

All of these right are explained in more detail in the **Notice of Privacy Practices**.

**I HAVE RECEIVED A COPY OF HOOS PEDIATRIC'S NOTICE OF PRIVACY PRACTICES.**

Signature of Patient or Legal Representative \_\_\_\_\_

Date \_\_\_\_\_

Relationship \_\_\_\_\_