



Katz Pediatrics, PA
NOTICE OF PRIVACY PRACTICES
ACKNOWLEDGMENT FORM

Katz Pediatrics, PA Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. You have the right to review our Notice before signing this form. As provided in our Notice, the terms of our Notice may change. If we change our Notice, you may obtain a revised copy by contacting the office or by visiting our website at www.katzpediatrics.com

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement.

By signing this form, you consent to our use and disclosure of protected health information about your treatment, payment and health care operations as described in our Notice. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

I have read the Katz Pediatrics, PA Notice of Privacy Practices.

Signature of Patient or Authorized Representative

Date Signed

Print Name

Print Name of Patient

Patient Date of Birth