



THE PEDIATRICIANS OF HYDE PARK

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Patient Name **(PLEASE PRINT)**

Date of Birth

By signing this form, you acknowledge receipt of the "Notice of Privacy Practices" (the "Notice") of Pediatricians of Hyde Park. Our Notice provides information about how we may use and disclose your protected health information. We encourage you to read it in full.

Our Notice is subject to change. If we change our Notice, you may obtain a copy of the revised Notice by contacting our practice at 513-871-0684

Please note that Pediatricians of Hyde Park may communicate with you in the following ways, unless you instruct us otherwise:

- In Pediatricians of Hyde Park's discretion, a confidential message may be left on your voicemail or answering machine at the preferred number(s) indicated below or with a friend or family member who answers the telephone at one of the preferred numbers or at your residence and who can verify your address and date of birth. Such message may include, without limitation, reminders of upcoming scheduled appointments information regarding your pathology or laboratory tests, billing information or answers to medical questions you may have inquired about to our staff.

Preferred Number _____	Mobile (cell)	Work	Home
Preferred Number _____	Mobile (cell)	Work	Home
Preferred Email Address _____			

- Pediatricians of Hyde Park may also communicate with you via e-mail, text message to your home address provided such method complies with applicable HIPAA communication standards.
- Unless you check below**, you specifically authorize and give your express consent to receive autodialed and/or pre-recorded calls—including, but not limited to, voice and short message service (SMS) text messages and other electronic messages— from Pediatricians of Hyde Park and its representatives at the residential or cellular telephone number provided above or an appropriate e-mail address, not only in order to communicate appointment reminders, and notifications regarding the availability of pathology or laboratory results. You understand that you are not required to sign this agreement in order to receive treatment

Opt-Out: (Check all that apply) Do Not Text don't email

- If you have any questions about our Notice, please contact our compliance department – Phone: 513-871-0684, e-mail: pediatriciansofhydepark.com

I acknowledge receipt of the Notice of Pediatricians of Hyde Park. I understand and agree to how Pediatricians of Hyde Park may communicate with me, as stated above.

X _____
(Signature of Patient or Legal Representative)

Date _____ Parents may not sign for children over the age of 18.

If signed by someone other than patient, indicate relationship: _____

Print name _____

(Legal representative) For Office Use Only

Complete this section if this form is not signed and dated by the patient or patient's representative. **Reasons why the acknowledgement was not obtained:**

- Patient refused to sign this Acknowledgement even though the patient was asked to do so and the patient was given the Notice of Privacy Practices.
- Other _____

Employee Name

Date

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ALISSA M. GILBERT, MD, F.A. A.P.

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