

Monument Avenue Pediatrics Written Acknowledgement Form

for patients 17 years old and younger

Our notice of privacy practices provides information about how we may use and disclose protected health information about you. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy.

I _____, the parent of _____ (child's name) have received a copy of the Monument Avenue Pediatrics Notice of Privacy Practices.

I have had an opportunity to read the Notice of Privacy Practices.

I understand that I may ask questions if I do not understand any information contained in the Notice of Privacy Practices.

Authorized Representative of Patient/ Relationship to patient

Date

Please list anyone (other than parent) who may bring your child to our office or call about information.

Name	Relationship	May bring in (yes/no)	May call for info (yes/no)