

Monument Avenue Pediatrics Written Acknowledgement Form

for patients 18 years old and older

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 _____, patient of Monument Avenue Pediatrics 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.

Patient Signature

Date

Please list anyone who may access information on your medical records.

Name	May call for info (yes/no)