Lafayette Pediatrics and Internal Medicine

Acknowledgement of Receipt of Notice of Privacy Practices

The Health Insurance Portability and Accountability Act (HIPAA), requires us to give you a notice of our privacy practices and to acknowledge your receipt of the notice.

The Notice of Privacy Practices explains how your health information may be used and or disclosed by us. In addition, it explains your rights with regard to your protected health information, as well as our legal responsibilities. You can view the Privacy Practices in one of three manners: we can email you a copy, you can view it on our website, or you may request a paper copy.

I have been provided with a copy of the Notice of Privacy Practices in electronic or paper format.

Print Name of Patient or Guardian	Signature of Patient or Guardian
Patient Name	Patient Name
Patient Name	Patient Name
Patient Name	Patient Name

Please list the names of others with whom you would like to give permission to share your healthcare information (these may include family members or other individuals/entities):

May we leave detailed medical information on your home voice mail? _____Yes _____No
May we leave detailed medical information on your cell phone? _____Yes _____No
May we leave detailed medical information on your work voice mail? _____Yes _____No

Date