

COMBINED ACKNOWLEDGEMENT AND CONSENT

ACKNOWLEDGMENT OF RECEIPT OF NOTICE AND CONSENT TO USE AND DISCLOSE HEALTH INFORMATION

Read before signing the Acknowledgment and Consent

This acknowledgment of notice and consent authorizes Quakertown Pediatrics to use and disclose health information about your child for treatment, payment and healthcare operation purposes.

Notice of Privacy Practices: Quakertown Pediatrics has a Notice of Privacy Practices, which describes how we may use and disclose your child's protected health information and how you can access your child's protected health information and exercise other rights concerning your child's protected health information. You may review our current notice prior to signing this acknowledgment and consent.

Amendments: We reserve the right to change our Notice of Privacy Practices and to make the terms of any change effective for all protected health information that we maintain, including information created or obtained prior to the date of the effective date of the change. You may obtain a revised notice by submitting a written request to our Privacy Officer.

How to contact our Privacy Office

Mail: Quakertown Pediatrics
99 N. West End Blvd., Suite 110
Quakertown, PA 18951
Attention: Privacy Officer
Telephone: 215-536-1915
Facsimile: 215-536-9189

Acknowledgement and Consent

Print or type all information except signature.

I have received the Notice of Privacy Practices for Quakertown Pediatrics and authorize them to use and disclose health information about _____ (patient name) for treatment, payment, and healthcare operations purposes consistent with its Notice of Privacy Practices.

Signature of patient (or patient's personal representative)

Date

Personal representative information (if applicable):

Name of personal representative

Relationship to patient (or other authority)