

TRINITY PEDIATRICS, P.C.
ACKNOWLEDGEMENT OF PRIVACY PRACTICES

This form describes how we may use your medical information and how you can access this information.
Please review thoroughly.

1. OUR COMMITMENT TO YOUR MEDICAL INFORMATION

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a database of your attendance and the services you receive from our organization. We need this database to provide you with quality care and to be in accordance with the law. This notice informs you of the ways in which we can use and disclose your medical information. This notice also describes your rights and certain obligations we have in accordance to the use and disclosure of your medical information.

2. OUR LEGAL RIGHTS AND OBLIGATIONS

- *Our obligations under the law:*
 1. Maintain your medical information private.
 2. Provide you with this notice that describes your legal rights, the privacy practices and your rights in regards to your medical information.
 3. Follow the terms in this notice.

- *We have the right to:*
 1. Change our privacy practices and the terms of this notice at any time, as long as such changes are allowed under the law.
 2. Create changes in our privacy practices and update our privacy notice quickly for all the medical information we maintain, including information created before and after the changes have taken effect.

- *Notice of changes in privacy practices:*
 1. Before any important changes are made we will change this privacy notice and place the new notice at your disposal and access, if you would like to receive a copy of the notice.

3. USE AND SHARING OF YOUR MEDICAL INFORMATION

For treatment:

We can use your medical information to provide you with treatment and medical services. We may share your information with other doctors, nurses, techs, medical students or others who are providing you with assistance. We may also use your medical information with other health providers to help them provide you with treatment.

For payment:

We may use and share your medical information for payment purposes. We may send a billing statement to you or a third party. The information in the billing statement or any information needed for the collection of payment may include your medical information.

Would you like to obtain a complete copy of the privacy practices for TRINITY PEDIATRICS, P.C.

Yes, I would like a copy No, I would not like a copy Date

I accept the terms of the privacy practices for TRINITY PEDIATRICS, P.C.

Patient's name Date of birth Signature of Patient/Parent/Guardian
Date