TLC Pediatrics
"TLC for your kids."

TLC PEDIATRICS
ACKNOWLEDGMENT OF RECEIPT OF PRIVACY NOTICE

Patient Name: _____ Date of Birth: _____

I acknowledge that I have been provided the TLC Pediatrics ("Practice") Notice of Privacy Practices ("Notice"):

- It tells me how Practice will use my health information for the purposes of my treatment, payment for my treatment, and Practices health care operations.
- The Notice explains in more detail how Practice may use and share my health information for other than treatment, payment, and health care operations.
- Practice will also use and share my health information as required/permitted by law.

_____ _____
Signature of Patient or Personal Representative Date

_____ _____
Name of Patient or Personal Representative Address

_____ _____
Description of Personal Representative's Authority Telephone

A photocopy or scan of this acknowledgment shall be considered as effective and valid as the original

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