

Hyde Park Pediatrics, Inc.
3330 Erie Avenue, Cincinnati, Ohio 45208
7661 Montgomery Road, Cincinnati, Ohio 45236

Notice of Privacy Practice

Patient's Name: (print) _____

I acknowledge that the Notice of Privacy Practices has been made available to me and **WOULD NOT** like a copy of the document.

Legal guardian/patient signature

date

OR

I acknowledge that the Notice of Privacy Practices has been made available to me and **WOULD LIKE** a copy of this document.

Legal guardian/patient signature

date

+++++

Staff only:

Legal guardian/patient refuses to sign this form.

Staff signature

date

+++++

How may we contact you regarding reminder appointments, test results Treatment issues, etc.? Please check all that apply.

if unable to reach me, may leave message at my home number

if unable to reach me, may leave a message on my answering machine

may NEVER leave me a telephone message

only leave a message at (name of person and phone #)_____

I do not wish to be contacted with results. I only wish to discuss the results during my child's office visit.

Legal guardian/patient signature

date

**Please list any and all persons that may bring your child to
Hyde Park Pediatrics for treatment.**

**Please understand that if the person is not listed below, and does accompany
your child to the office, we legally cannot treat your child at that time.**

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

**If you are the age of 18 years and older, please list any and all persons that we
may release Protected Health Information to. Please note that if their name is
not listed below, under no exceptions will you Private Health Information be
released to the individual unless specified
In the HIPPA Notice of Privacy Practice.**

- 1.
- 2.
- 3.
