



Notice of Privacy Practices Acknowledgement

We maintain a record of the health care services that we have provided to you. We will share this information, as permitted by law, to provide your medical treatment, run our organization, and bill for these services. You have the right to view, obtain a copy, or amend the record if needed.

Our **Notice of Privacy Practices** is available at the front desk and on our website, AllegroPediatrics.com. It describes in more detail your rights to your health information and how this information may be used and disclosed. Sharing of your health information is typically used to improve the continuity of care that you receive. Common examples include, but are not limited to, the following: sending immunization records to our state registry, use of a Health Information Exchange (HIE) with other health care organizations involved in your care, and accessing your prescription history from pharmacy benefits. If you have questions or want to discuss options for decreased information sharing, please contact our Compliance Officer.

By my signature below:

I acknowledge receipt of the Notice of Privacy Practices. This form must be signed by a parent or guardian if the patient is under the age of 18.

Patient Name

Patient Date of Birth

Signature of patient or parent/guardian if patient is under 18

Printed Name of Person Signing

Date

Relationship to Patient

This form will be retained in the patient's medical record.