

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

Read before signing the Acknowledgement and Consent

This acknowledgement of notice and consent authorizes Hanover Pediatric Associates, P.C. to use and disclose health information about you for treatment, payment and health care operations purposes.

Notice of Privacy Practices: Hanover Pediatric Associates, P.C. has a Notice of Privacy Practices, which describes how we may use and disclose your protected health information and how you can access your protected health information and exercise other rights concerning your protected health information. You may review our current notice prior to signing this acknowledgement 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 Officer

Mail: Address to Hanover Pediatric Associates, P.C., Attention: Privacy Officer
217 Broadway, Hanover, PA 17331
Telephone: 717-632-3911
Facsimile: 717-632-1224

Acknowledgement and Consent

I have received the Notice of Privacy Practices for Hanover Pediatric Associates, P.C. Hanover Pediatric Associates, P.C. is authorized to use and disclose health information about _____ for treatment, payment
Patient Name
And health care operations purposes consistent with its Notice of Privacy Practices.

Signature of Patient or Patient's Personal Representative

Date

Name of Personal Representative

Relationship to Patient