

Pediatric Orthopedic Associates of San Antonio

Patient Acknowledgment of Receipt of Privacy Notice

I understand that as part of the provision of healthcare services, Pediatric Orthopedic Associates of San Antonio creates and maintains health records and other information describing, among other things, my health history, symptoms, examination and test results, diagnoses, treatment and any plans for future care or treatment.

I have been provided with a Notice of Privacy Practices that provides a more complete description of the uses and disclosures of certain health information. I understand that I have the right to review the notice prior to signing this content. I understand that the organization reserves the right to change their Notice of Privacy Practices and will provide me with a new Notice of Privacy Practices if there are any changes.

I understand that I have the right to object to the use of my health information for directory purposes.

I understand that I have the right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or healthcare operations (quality assessment and improvement activities, underwriting, premium rating, conduction or arranging for medical review, legal services, and auditing functions, etc.) and that the organization is not required to agree to the restrictions requested.

This acknowledgment is given freely with the understanding that:

1. Any and all records, whether written, oral or in electronic format, are confidential and cannot be disclosed for reason outside of treatment, payment, or healthcare operations without my prior written authorization except as otherwise provided by law.
2. I have the right to request that the use of my Protected Health Information, which is used or disclosed for the purposes of treatment, payment or healthcare operations, be restricted. I also understand that the Practice and I must agree to any restrictions in writing that I request on the use and disclosure of my Protected Healthcare Information which have been previously agreed upon.

Patient's name (printed)

Date of Birth

Patient's signature (or Guardian if minor)

Date