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LEWISBURG, PA 17837  
TEL: 570-551-0300

#### ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY

We are required by State and Federal Law, including HIPPA rules, to safeguard general and health related information. We have a Notice of Privacy Practices that explains how your protected health information is handled and how we may use and disclose your protected health information. The Notice of Privacy Practices is provided to patients (and authorized representatives) when they first become a patient of the practice. The Notice of Privacy Practices is available on our Web site and it will be gladly printed for you at any of your office visits.

We are asking you to sign this form and acknowledge that you understand and were offered a copy of our Notices of Privacy Practices. Copies are available on our Web site and can be requested from our staff. By signing below, you are only acknowledging that you were offered a copy of the NOTICES OF PRIVACY PRACTICES. You are not making any statement about the content of the Notices of Privacy Practices or about your agreement or disagreement with any portion of the document.

I acknowledge that Ideal Pediatric and Adolescent Care, P.C. offered to provide me a copy of its Notice of Privacy Practices, which describes how medical information about me may be used and or disclosed.

I understand that if I have any questions or complaints, I may contact the Privacy Officer/Owner: Dr. Mary Beth O'Hara at 570-551-3100. I understand I am entitled to receive updates or amendments upon request if Ideal Pediatric and Adolescent Care, P.C. changes its Notice of Privacy Practices.

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Signature of Patient or Patient's Representative

Date

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Printed Name

Relationship to Patient

*For OFFICE USE ONLY*

*I made a good faith effort to obtain written acknowledgement of receipt of the Notice of Privacy Policy from the above named patient but was not able*

*Patient declined to sign*

*Other (specify)*