1872 N. Lake Forest Drive, McKinney, Texas 75071 T: 972.548.0758 F: 972.548.0425

HIPAA Acknowledgement

I hereby authorize the release or use of my/my child's individually identifiable health information (protected health information or PHI) and medical information by McKinney Pediatrics in order to carry out treatment, payment, or health care operations.

I understand that I have the right to review the practice's Notice of Privacy Practices for a more complete description of the potential release and use of such information, and I recognize that I have the right to review such Notice prior to signing this Consent Form.

I further understand that the Practice reserves the right to change the terms of its Notice of Privacy Practices at any time. I understand that if they do make changes to the terms of their Notice of Privacy Practices, I may obtain a copy of the revised notice in writing or requesting a copy from the front desk staff.

I retain the right to request that the Practice further restrict how my/my child's protected health information is released or used to carry out treatment, payment, or heath care operations. I understand the Practice is not required to agree to such requested restrictions; however, if the Practice does agree to my requested restriction(s), I'm aware that such restrictions are then binding on the Practice.

Patient Name: ______________________ Date of Birth: ____________________
(Please Print Name)

Signed: _________________________________ Date: _____________________
(Parent/Legal Guardian)