



acknowledgment of receipt of notice of privacy practices

I _____ acknowledge that I have received a copy of
Name of Patient
Children's Medical Group, P.C.'s Notice of Privacy Practices. This Notice describes how Children's Medical Group, P.C. may use and disclose my protected health information, certain restrictions on the use and disclosure of my healthcare information, and rights I may have regarding my protected health information.

Signature of Patient, or Personal Representative

Date

Relationship to Patient

permission to leave results and messages on answering machine

I, _____ give or do not give
Children's Medical Group physicians, and staff permission to release information regarding appointment reminders or verbal results of test and condition of my child's health on the answering machine or voice mail number of: _____

Phone Number

Signature _____

Parent of Child

Date

Parent must personally update should changes occur, otherwise we will adhere to this release with no expiration date.

for office use only

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgment
- An emergency situation prevented us from obtaining acknowledgment
- First encounter was by telephone.
Acknowledgment was mailed to patient on _____ .
- Other. *Please specify.* _____



3786 Central Pike., Suite 130 • Hermitage, TN 37076
(615) 883-2200