

# Gomathi Pediatrics PLLC

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## ACKNOWLEDGEMENTS OF PRIVACY PRACTICES

I \_\_\_\_\_ acknowledge that I have read the Privacy Practices provided to me by Gomathi Pediatrics PLLC, and understand the following:

- The legal duty of the provider
- Uses and disclosures of health information
- My patient rights

Date: \_\_\_\_\_

\_\_\_\_\_  
Patient's Printed Name

\_\_\_\_\_  
Patient's Signature (if 18 years or older)

\_\_\_\_\_  
Patient's Date of Birth

\_\_\_\_\_  
Parent/Legal Guardian's Signature

\_\_\_\_\_  
Relationship to Patient

I make the following special request for confidential communications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Legal Guardian's Signature

\_\_\_\_\_  
Date

### FOR OFFICE USE ONLY

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

- Individual refused to sign
- Communication barrier prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify) \_\_\_\_\_

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date