



CHILDREN FIRST, LLC

PEDIATRICS & ADOLESCENT MEDICINE

Annette Bartley-Satuyi, MD, FAAP • Jovonsia McLeod Taylor, MD • Lareshia Slade, CPNP
The Inglewood Professional Center • 1300 Caraway Court, Suite 106 • Largo, MD 20774
Phone 301.322.9500 • Fax 301.322.2227 • Web www.childrenfirstlargo.com

NOTICE OF PRIVACY PRACTICES

I understand that, under the Health Insurance Portability & Accountability Act of 1996 ("HIPAA") I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I have received, read and understand your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its Notice of Privacy Practices from time to time and that I may contact this organization at any time at the address above to obtain a current copy of the Notice of Private Practices.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

Patient Name: _____
Relationship to Patient: _____
Signature: _____
Date: _____

OFFICE USE ONLY

I attempted to obtain the parent's signature in acknowledgement of this Notice of Privacy Practice Acknowledgement, but was unable to do so as documented below.

Date _____ Staff Initial _____ Reason _____