



Pediatric Specialist

4950 S. LeJeune Rd.
Suite F
Coral Gables, FL 33146
(305) 665-3523 (p)
(305) 665-2272 (f)

Notice of Privacy Policy Acknowledgment

I understand that under the Health Insurance Portability and Accountability Act (HIPAA), I have certain rights to privacy regarding my protected health information. I acknowledge that I have received or have been given the opportunity to receive a copy of your Notice of Privacy Practices and that I may contact the practice at any time to obtain a copy of the Notice of Privacy Practices.

Patient Name or Legal Guardian

Date

Signature