5100 W Hwy 290, Bldg 2, Ste 110
Austin, TX 78735
512-454-0406
512-4544380

Acknowledgement of Receipt of HIPAA Notice of Privacy Practices

I understand that I have certain rights to privacy regarding my child's protected health information. These rights are given to me under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I understand that by signing this consent I authorize Austex Pediatrics to use and disclose my child's protected health information to carry out: treatment (including direct/indirect treatment by other healthcare providers involved in my child's treatment), obtaining payment from third party payers (e.g. insurance company), and the day-to-day healthcare operations of Austex Pediatrics. I have also been informed of and given the right to review and secure a copy of the Notice of Privacy Practices which contains a more complete description of the uses and disclosures of my child's protected health information and my rights under HIPAA. I understand that I have the right to request restrictions on how my child's health information is used and disclosed but Austex Pediatrics is not required to agree to these requested restrictions. I understand that Austex Pediatrics reserves the right to change the terms of this notice and that I may obtain the most current copy of the notice in office or on the AustexPediatrics.com website

Parent/Legal Guardian/Patient 18 and over Signature	Date