Orangetown Pediatrics
Boston Children's Health Physicians
Until every child is well™

HIPAA/Privacy Form

PRIVACY STATEMENT ACKNOWLEDGEMENT
I hereby acknowledge that a copy of Boston Children's Health Physicians (hereinafter BCHP) notice of Privacy Practices was provided to me. I further acknowledge and understand that if I have any questions about BCHP's privacy practices or my rights with regard to my personal health information, I may contact BCHP's Privacy Officer for further information as set forth in the Notice. Name of Patient (Please Print Name): _____ Signature of Patient (or Guardian if under 18): _____ Date: _____

----------For Office Staff Only----------

DOCUMENTATION SUPPORTING GOOD FAITH EFFORT TO OBTAIN ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Patient Name: _____ Patient Identification #: _____

I hereby certify that on ____/____/____ I made a good faith effort to obtain the above patient's written acknowledgment of receipt of BCHP's Notice of Privacy Practices, but I was unable to do so for the following reason(s): _____

_____

_____

_____ _____ _____

Name of Staff Person (Please Print Name) Signature of Staff Person Date

NOTE: THIS DOCUMENT SHOULD BE MAINTAINED PERMANENTLY IN THE PATIENT'S MEDICAL RECORD OR OTHER FILE ON PROVIDER'S PREMISES.