



SANDERS COURT PEDIATRICS, LTD. ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Please initial the following lines below:

_____ **HIPAA:** The Health Insurance and Portability and Accountability Act (HIPAA) of 1996 requires all healthcare providers to provide all of their patients a Notice of Privacy Practices. I acknowledge that I have received the Notice of Privacy Practices for Sanders Court Pediatrics, Ltd.

_____ **BILLING:** I authorize Sanders Court Pediatrics, Ltd. to release any information or copies from my child's medical record to insurance companies, third party payers, or authorized agents; or claims review organizations in order to process a claim for payment on behalf of my child.

_____ **ELECTRONIC HEALTH EXCHANGE:** I authorize Sanders Court Pediatrics, Ltd. to use and/or disclose a copy of my child's health information into the Electronic Health Information Exchange (eEHX) for the purpose of coordinating my medical care amongst my child's healthcare providers. The information in the eEHX includes your child's demographic information such as name and gender, diagnostic assessments, medications, immunizations, lab results, diagnostic imaging results, referrals and procedures.

_____ **IMMUNIZATIONS:** Our electronic medical record program allows for your immunization data to be sent directly to the I-CARE State of Illinois Registry. I-CARE allows your providers to obtain your immunization history to ensure your safety. By initialing this line, you authorize Sanders Court Pediatrics, Ltd. to submit this data.

Patient Name & Date of Birth: _____

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Relationship to Patient: _____

Date: _____

Notice of Privacy Practices 04/14

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