

Premiere Pediatrics Privacy Practices Acknowledgement

By signing below, I acknowledge that I have reviewed the Notice of Privacy Practices from Premiere Pediatrics and was notified that a copy is available to me. I also acknowledge that Premiere Pediatrics may use my information to remind me of any upcoming appointments. Typically, reminders are left with a brief message on an answering machine or to a parent or guardian who answers the phone. Premiere Pediatrics will never release immunization records to the schools without the parents or guardians consent.

If you do not approve of this method please inform the practice.

Patient Name

Birthdate

Parents Signature

Date

Witness Signature

Date