La Jolla Developmental Pediatrics

Mary Jane Pionk, M.D.

Telephone: (858) 558 –7337
Fax: (858) 558, 7338

ACKNOWLEDGMENT RECEIPT OF NOTICE OF PRIVACY PRACTICES AND POLICIES

In order to comply with HIPPA standards, each practice must obtain a signed acknowledgement signifying that each direct treatment patient has received its Notice of Privacy Practices and Policies or must document a good faith effort to provide the Notice and receive a written acknowledgement of receipt. This will allow practices to use or disclose confidential information (protected health information) for treatment, payment, or healthcare operations.

I have received a copy of the HIPPA Notice of Privacy Practices and Policies from: Mary Jane Pionk, M.D.

_____ _____

Patient Signature *Date*

This authorization below is given on the parent(s)/guardian(s) behalf because the patient is either a minor or unable to sign.

_____ _____ _____

Parent/ Guardian Signature *Date* *Printed name/relationship*

ACKNOWLEDGMENT RECEIPT OF NOTICE OF OFFICE POLICIES AND PROCEDURES

I have received a copy of Mary Jane Pionk, M.D.'s Notice of Office Policies and Procedures. I understand and agree to abide by them and consent to receive treatment. I understand and agree to abide by the cancellation and missed appointment policy.

_____ _____

Patient Signature *Date*

This authorization below is given on the patient's behalf because the patient is either a minor or unable to sign.

_____ _____ _____

Parent/Guardian Signature *Date* *Printed name/relationship*

For internal use only
If you were unable to obtain an Acknowledgment of Receipt or unable to obtain a signature of the acknowledgement of Receipt, please state the reason below. Please include your name.