



# Children's Hospital Medical Practice Corporation

298 Henry Clay Avenue • New Orleans, LA 70118 • (504) 896-9827

<i>Name</i>	<i>DOB</i>
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## Privacy Notice Acknowledgment

Children's Hospital takes the confidentiality of your medical information very seriously. We are providing you a privacy notice which makes you aware of what the hospital can and cannot do with your protected health information. Please acknowledge receipt of the privacy notice by signing and dating this letter in the space provided below.

If you have any questions regarding this matter, please contact:

Children's Hospital Medical Practice Corporation  
Executive Director/Privacy Officer  
298 Henry Clay Avenue  
New Orleans, LA 70118  
(504) 896-9827

Thank you for entrusting your child's health care to Children's Hospital Medical Practice Corporation.

### I acknowledge receipt of the Privacy Notice.

<input checked="" type="checkbox"/>	_____	_____
<i>Signature of Patient/Patient Representative</i>		<i>Date</i>
_____	_____	_____
<i>Print Name</i>		<i>Relationship to patient</i>

### Patient or legal representative refused to sign or no legal representative available.

_____	_____
<i>Employee Signature/Initials</i>	<i>Date</i>