

# PATIENT ACKNOWLEDGMENT AND CONSENT

*For New Patients Only*

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I have been given a copy of Northlake Pediatric Care's Notice of Privacy Practices, version effective 3/1/2013. I consent to the uses and disclosures of my health information as outlined in the Notice.

\_\_\_\_\_  
Signature of Patient or Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship of Representative to Patient

Please describe the Representative's authority to act on behalf of Patient: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## FOR [ENTITY] USE ONLY

If acknowledgment of receipt of the Notice of Privacy Practices is not obtained from the patient or the patient's representative, please explain your efforts to obtain acknowledgment and the reason you could not obtain it:

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\_\_\_\_\_