



### ***HIPAA Acknowledgement of Notice of Privacy Practices***

*Alzein Pediatric Associates is required by law to maintain the privacy of and provide patients and their guardians with access to the Notice of our legal duties and privacy practices with respect to protected health information.*

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Print Name of Patient

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Patient's Date of Birth

I hereby acknowledge that I have reviewed the Hipaa Notice of Privacy document and understand that I may obtain a copy for my records upon request.

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Signature of Patient/Legal Representative

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Relationship to Patient

Today's Date

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E-mail Address of Patient/Legal Representative

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Cell Phone of Patient/Legal Representative

Home Phone of Patient/Legal Representative

Please let us know which number you would like us to call regarding your medical information. We will leave a message at this number if we do not reach you.

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Both \_\_\_\_\_

**708-424-7600 | AlzeinPeds.com**  
**Evergreen Park | 2850 W 95th Street | Suite 400**  
**Oak Lawn | 6700 W 95th Street | Suite 250**

