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NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT AND CONSENT

The Notice of Privacy Practices tells you how we may use and share your health records. Please read it.

- We will use and share your health records to treat you and bill you for services we provide.
- We will use and share your health records to run our business.
- We will use and share your health records as required by law.

All of the ways in which we may use and share your health records are explained in detail in the Notice of Privacy Practices.

You have the following rights with respect to your health records:

1. You have the right to look at and receive a copy of your health records.
2. You have the right to receive a list of whom we have given your health records.
3. You have the right to ask for us to correct a mistake in your health records.
4. You have the right to ask that we not use or share your health records.
5. You have the right to ask us to change the way we contact you.

I have received a copy of Holland Pediatric LLC Notice of Privacy Practices.

Signature: _____ Date: _____

Capacity of Legal Representative: _____

CONSENT:

I consent to the use and sharing of my health records for treatment, payment, and operation purposes as described in the Notice of Privacy Practices. I know that if I do not consent, you cannot provide services to me.

Oklahoma law requires that we advise you that information authorized for disclosure may include information which may be considered a communicable or venereal disease, including but not limited to, Hepatitis, Syphilis, Gonorrhea, Human Immunodeficiency Virus, and Acquired Immune Deficiency Syndrome (AIDS). It also may include mental health or other sensitive information.

Signature: _____ Date: _____

Capacity of Legal Representative: _____