

Kids Care Pediatric Associates, P.C.

2266 Dutch Broadway, Elmont, NY 11003

Phone: 516-775-0493 Fax: 516-775-0424

Email: info@kids-care.com

I _____, a parent of the following children:

1. _____ Date of Birth: _____
2. _____ Date of Birth: _____
3. _____ Date of Birth: _____
4. _____ Date of Birth: _____

Hereby acknowledge that I have read, understood and agreed upon the contents of the following documents:

- **Notice of Privacy Practice** of Kids Care Pediatric Associates, PC
- **The Use of E-mail and Electronic Communications** of Kids Care Pediatric Associates, PC
- Completed the **Authorization to Use and Disclose Health Information** forms for each child.

I am requesting a copy of the Notice of Privacy Practices be sent to me **via email** at the following address: _____@_____.

I am requesting a copy of the Notice of Privacy Practices in written form.

I understand that I can modify or revoke the disclosure agreement at any time, as well as request additional documents to protect my privacy. I am also aware that all of the documents pertaining to HIPAA regulations are available to me at www.kids-care.com

_____/_____/_____
Signature Date Relationship

Account#

Accepted by: _____ a representative of Kids Care Pediatric Associates,

PC on (date) _____.