

**Kids Care Pediatric Associates, P.C.**

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Fax: 516-775-0424  
Email: info@kids-care.com

**GENERAL ACKNOWLEDGEMENT OF POLICIES**

I \_\_\_\_\_, a parent of the following children:

- 1. \_\_\_\_\_ Date of Birth: \_\_\_\_\_
- 2. \_\_\_\_\_ 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](http://www.kids-care.com)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Signature Date Relationship

Account#

Accepted by: \_\_\_\_\_ a representative of Kids Care Pediatric Associates,  
PC on (date) \_\_\_\_\_.