



298 Henry Clay Avenue • New Orleans, LA 70118 • (504) 896-9827

Name	DOB	Acct #
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## Privacy Notice Acknowledgment

Children's Hospital takes the confidentiality of your medical information very seriously. We are providing you a privacy notice which makes you aware of what the hospital can and cannot do with your protected health information. Please acknowledge receipt of the privacy notice by signing and dating this letter in the space provided below.

If you have any questions regarding this matter, please contact:

**Children's Hospital Medical Practice Corporation**  
**Executive Director/Privacy Officer**  
**298 Henry Clay Avenue**  
**New Orleans, LA 70118**  
**(504) 896-9827**

Thank you for entrusting your child's health care to Children's Hospital Medical Practice Corporation.

### I acknowledge receipt of the Privacy Notice.

Signature of Patient/Patient Representative <b>X</b>	Date MM/DD/YY / /	Time 00:00 AM/PM :
Print Name	Relationship to Patient	

### Patient or legal representative refused to sign or no legal representative available.

Employee Signature/Initials <b>X</b>	Date MM/DD/YY / /	Time 00:00 AM/PM :
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