



Pediatric Associates
of Jacksonville

Dr. O.

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Privacy Notice

In accordance with the Federal Health Insurance Portability and Accountability Act (HIPAA) of 1996, patients of this practice are entitled to the greatest degree of privacy possible. This office will strive to ensure that patient information is used only for authorized purposes as agreed to by the patient and/or parent/guardian.

Parents/guardians are advised that they have a right to review their child's medical records in accordance with Florida statute 456.057 upon reasonable notice to the practice and during normal business hours, and to make comments regarding the same.

The complete Notice of Privacy Practices is posted in our waiting area.

Patient Name: _____ Acct. #: _____

Parent/Guardian Relationship Date: _____

Parent/Guardian Relationship Date: _____