Doctors of Children, Lincoln P.C.
6041 Village Drive, Suite 150 Lincoln, NE 68510
402-423-1900

Acknowledgement of Receipt of Notice of Privacy Practices

To our patients:

The privacy of your health care information is extremely important to us. We want you to understand how we use and disclose your information and your rights in this information. We ask you to review our Notice of Privacy Practices that describes our legal duties with respect to your health care information.

How we use health care information:

In summary, we may use information to:

- Provide treatment to you, consult regarding your treatment,
- Ensure appropriate payment for the treatment we provide, and
- Monitor the quality of our operations.

When we may disclose information:

Under certain limited cases, we are permitted to disclose health care information about you. Examples include when there is a serious threat to health or safety, for workers' compensation, to reduce public health risks(immunization record to school), for health oversight, and in certain cases for law enforcement. In addition, we may disclose information to tell you about health-related services and alternative treatments, and to conduct health-related research with your permission.

Your information rights:

We create a record of the care we give you. You have the following rights to this information:

- You have the right to receive a printed copy of this Notice of Privacy Practices.
- You have the right to inspect and copy your protected health information.
- You have the right to request restrictions on the use and disclosure of your PHI.
- You have the right to receive confidential communications regarding your PHI.
- You have the right to request that our records be amended if we agree it is inaccurate or incomplete.
- You have the right to ask us for a list when we have disclosed your health information to someone other than those treating you, handling your bills, for our internal operations, or when you have authorized release of information.
- You have the right to revoke your authorization to use or disclose health information.
- You have the right to receive notification of certain breaches of privacy.

Please sign below that you have received our Notice of Privacy Practices. If you have any questions, please speak to your physician or our information privacy officer, 402-423-2739.

Signature_____Date:_____

Print Name_____

List Children: _____DOB_____ Child _____DOB_____

_____DOB_____ Child _____DOB_____

_____ DOB_____Child _____DOB_____

*If I send pictures of my child/children/family(Christmas Card, Birth Announcement), I authorize Doctors of Children, Lincoln PC to post that picture on their bulletin board in patient hallways until I revoke this authorization.

Yes _____ No_____

Signature_____ _____
Parent/Representative Signature or (Patient Signature if >19 years of age) Date

Revised 09-23-2013