



HIPPA Privacy Notice/Consent Form

Notice of Privacy Practices

APC Pediatrics

As our patient at APC Pediatrics, we value you and your child's privacy. We will not disclose any information to anyone regarding your child health without your consent. We are ask all parents to sign this consent/privacy form so we will be able to order necessary test, delegate referrals, discuss your child's medical treatment with other physicians as necessary, as well as bill your insurance company.

At anytime you may withdraw your consent, by giving us a written statement stating that you are withdrawing your consent. No information will be given to anyone for marketing, fund raising or anything else not related to medical care.

If you have any concerns, please let us know and we will try to answer your concerns. Any questions or concerns should be addressed to our administrator.

Thank you,
Federico Frias MD

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at our main phone number.

This signature is only acknowledgement that you have received this notice of our Privacy Practices.

Print Name

First Name Last Name (Parent/Guardian)

Patient Name

First Name

Last Name

Date

Signature