



Rare Kids Network™

NOTICE OF PRIVACY PRACTICES – ACKNOWLEDGEMENT

Your Name: _____

Date: _____

We are committed to preserving the privacy and confidentiality of your health information whether created by us or maintained on our premises. We are required by certain state and federal regulations to implement policies and procedures to safeguard the privacy of your health information. We are required by state and federal regulations to abide by the privacy practices described in the notice provided to you including any future revisions that we may make to the notice as may become necessary or as authorized by law

Acknowledgement

I certify that I received a copy of Rare Kids Network's *Notice of Privacy Practices* and that I have had an opportunity to review the Notice of Privacy Practices and ask questions to assist me in understanding my rights relative to the protection of my health information. I am satisfied with the explanations provided to me and I am confident that the facility is committed to protecting my health information.

Date: _____

My Signature: _____

My Printed Name: _____

Date: _____

Signature of Witness: _____

Rare Kids Network

Notice of Privacy Policies (Pg 2)

I certify that I am the legal guardian of, or authorized representative of _____ and that I have received the Company's *Notice of Privacy Practices* on behalf of this individual and that the facility provided me with an opportunity to review this document and ask questions to assist me in understanding his/her privacy rights. I am satisfied with the explanations provided to me and I am confident that the facility is committed to protecting health information.

Date: _____

Signature of Representative: _____

Printed Name: _____

Relationship to Individual: _____

Date: _____

Signature of Witness: _____

FOR USE BY RARE KIDS NETWORK ONLY

Inability to Obtain Acknowledgement

To be completed only if no signature is obtained. If it is not possible to obtain the participant's acknowledgement, describe the good faith efforts made to obtain the participant's acknowledgement, and the reasons why the acknowledgement was not obtained:

Signature of Company

Representative: _____

Printed Name of Company

Representative: _____

Date: _____

