



NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

By signing below, you acknowledge receiving access to a written copy of **Pediatric Cardiology Care's (PCC) Notice of Privacy Practices**. The Notice of Privacy Practices explains for you how PCC may use and disclose your protected health information for treatment, payment and healthcare operations purposes. Protected health information means your personal health information found in your medical and billing records. A copy of the current Notice of Privacy Practices is available at PCC upon request and on our website at www.pcchouston.com. If you have any questions about the Notice of Privacy Practices, please contact our office at 281-648-3000.

Patient's Name:	
Patient's Date of Birth:	
Parent/Representative's Name:	
Relationship to Patient:	
Parent/Representative's Signature:	
Date Signed:	