

**Lansing Pediatric Associates
2414 Lake Lansing Road
Lansing, MI 48912**

Notice of Privacy Practices Acknowledgement

The Federal Government passed a law called the Health Insurance Portability and Accountability Act (HIPAA). One of the requirements of HIPAA is that we maintain the privacy of your protected health information (PHI).

Lansing Pediatric Associates (LPA) may use and disclose Protected Health Information (PHI) about you to carry out Treatment, Payment and Healthcare Operations (TPO).

LPA may call you or other persons at your home or other designated location in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and information pertaining to my clinical care, such as test results. If necessary a message may be left on voicemail or answering machine.

LPA may mail to your home or other designated location any items that assist the practice in carrying our TPO, such as appointment reminder cards and patient statements as long as they are marked "Personal and Confidential".

This is an acknowledgement form that we need you to sign indicating that this information has been made available to you. Your signature only indicates that you have been made aware of the information it does not indicate your agreement or disagreement with the provisions of the Notice.

We appreciate your cooperation with this requirement.

Signature of Patient (18 or older) or
Signature of Legal Guardian (if under 18)

Print Name of Patient or Legal Guardian

Name(s) of Patient(s)

Date