

# Patient Privacy Policy Acknowledgment

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Dear Parent/Guardian,

We value your trust and are committed to protecting the privacy of your child's health information. We have provided a copy of our Patient Privacy Policy for your review. By signing below, you acknowledge that you have received and understand this policy.

## Patient Privacy Policy Summary:

- All health information is confidential and protected.
- Information may be shared only with authorized individuals.
- Parents/guardians have rights to access health information.
- Your child's privacy rights will be respected.

By signing below, you acknowledge that you have read and understand the Patient Privacy Policy.

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for allowing us to provide care for your child.

Sincerely,  
[Your Organization Name]