

Fox River Pediatrics

When it comes to your child's health, we care

54 W Countryside Parkway, Suite A, Yorkville IL 60560
Ph# 630-553-3400 Fax# 630-553-3405

www.foxriverpediatrics.com

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

PATIENT NAME: _____ Date: _____

The above named patient acknowledges receipt of Fox River Pediatrics Notice of Privacy Practices. The Notice of Privacy Practices provides detailed information about how the practice may use and disclose a patient's confidential information.

The above named patient understands that the practice reserves the right to change the privacy practices that are described in the notice. The patient also understands that a copy of any Revised Notice will be provided or made available to the patient upon request.

Signature: _____

Relationship to Patient: _____

At times, the physician or staff may need to speak with you regarding medical issues.

Please assist our medical team staff by telling them where/with whom they can leave messages regarding medical issues.

- My home voice mail: _____
- Work voice mail: _____
- My cell phone: _____
- Leave only a request for me to call back.
- It is okay to speak with _____