



# JONESBORO PEDIATRICS

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## Notice of Privacy Practices Acknowledgment

I understand that under the Health Insurance Portability and Accountability Act (HIPAA), I have certain rights to privacy regarding my protected health information. I acknowledge that I have received or have been given the opportunity to receive a copy of your Notice of Privacy Practice. I also understand that this practice has the right to change its Notice of Privacy Practices and that I may contact the practice at any time to obtain a current copy of the Notice of Privacy Practices.

Jonesboro Pediatric Clinic, LLC participates in a clinically integrated network known as The Children's Care Network (TCCN). As a result of this clinical integration, TCCN's member entities function as an Organized Health Care Arrangement (OHCA) as defined by the Health Insurance Portability and Accountability Act (HIPAA). TCCN may collect or receive information about your past, present or future health condition to provide health care to you, to receive payment for this health care, or for other TCCN operations.

We participate in one or more health information exchanges (HIEs) and may electronically share your health information, including sensitive information, for treatment, payment, and health care operations purposes with other participants in the HIEs. HIEs allow your health care providers to efficiently access and use your pertinent medical information necessary for treatment and other lawful purposes. If you do not opt-out of this exchange of information, we may provide your health information to the HIEs in which we participate in accordance with applicable law.

Signature of Patient or Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Relationship of Representative to Patient: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### For Jonesboro Pediatric Clinic, LLC Use Only:

If acknowledgment of receipt of the Notice of Privacy Practices is not obtained from the patient or the patient's representative, please explain your efforts to obtain acknowledgment and the reason you could not obtain it.

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

Attempt: \_\_\_\_\_

Staff Member's Name: \_\_\_\_\_