

**Brighton Pediatrics, P.C.**  
**183 S. 18<sup>th</sup> Avenue**  
**Brighton, CO 80601**  
**Privacy Officer: Stephen F. Cardos, M.D. 303 659 4248**

***Acknowledgment of Receipt of Joint Notice of Privacy Practices.***

Version Effective 09/23/2013

I hereby acknowledge that I have received a copy of Brighton Pediatrics' Joint Notice of Privacy Practices in association with Platte Valley Medical Center Organized Health Care Arrangement. I understand that wherever the term "Platte Valley Medical Center" appears in these policies and procedures, I can substitute "Brighton Pediatrics, P.C." I further acknowledge that a copy of the current notice will be posted at Brighton Pediatrics, P.C... I am aware that I may obtain an amended Joint Notice of Privacy Practices on PVMC's website at [www.pvmc.org](http://www.pvmc.org), or by writing to the Privacy Officer at Brighton Pediatrics, P.C.

I am also being notified that Brighton Pediatrics, P.C. has entered into an agreement with CORHIO (Colorado Regional Health Information Organization) for Health Information Exchange (HIE) and I understand that I can request a copy of CORHIO's Opt-Out Notification.

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

Address: \_\_\_\_\_

Signature (Parent/Guardian) \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ \*\*Relationship to child: \_\_\_\_\_

Telephone: \_\_\_\_\_

\*\*\*\*If not signed by the patient, please indicate relationship:

- Parent or guardian of minor patient
- Guardian or conservator of an incompetent patient

***For Office Use Only:***

Patient refused to sign after he/she received the Joint Notice of Privacy Practices.

Describe efforts to obtain the acknowledgment:

\_\_\_\_\_

\_\_\_\_\_

State reasons for patient's refusal:

\_\_\_\_\_

\_\_\_\_\_

Staff Member: \_\_\_\_\_

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