

HEALTHY KIDS PEDIATRICS
Acknowledgement of Receipt of the
Policies of Healthy Kids Pediatrics

Patient Name _____ Date of Birth: _____
Patient Name _____ Date of Birth: _____
Patient Name _____ Date of Birth: _____
Patient Name _____ Date of Birth: _____

I, _____, parent/guardian of the above named child(ren) have accessed on line or received in person a copy of the follow policies that are pertinent to my child's care and treatment at Healthy Kids Pediatrics policies listed below.

If you have questions or concerns with these policies, please feel free to contact us at 972-294-0808.

This form must be signed prior to services being rendered. It will become part of your child(ren)'s permanent record with our office.

I acknowledged that I have received, read and reviewed the following policies:

Notice of Privacy Practices including Texas HB300

****You May Refuse to Sign this Acknowledgement for the Notice of Privacy Practices Including HB300****
I have received or can access online a copy of **Healthy Kids Pediatrics Notice of Privacy Practices including Texas HB 300**.

Parent/Guardian Signature _____ Date _____

Financial Policy

I have read the **Financial Policy**. I have understood it and agree to it. I have received or have access online to this policy.

Parent/Guardian Signature _____ Date _____

Appointment Cancellation/Rescheduling Policy and the After Hours Calls to a Provider Policy

I have received or have access online, read and understand the **Appointment Cancellation/Rescheduling Policy** and the **After Hours Calls to a Provider Policy**.

Parent/Guardian Signature _____ Date _____

Insurance and Billing Policy

I have received or have access online, read and understand the **Insurance and Billing Policy**.

Parent/Guardian Signature _____ Date _____

***Office Policy on Prescription Requests**

I have received or have access online, read and understand the **Office Policy on Prescription Requests**

Parent/Guardian Signature _____ Last 4 Digits of SS# _____ Date _____

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, and other policies, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

Signature of Office Staff member