

Ravenswood Pediatrics -- Dr. Todd Ochs
1945 West Wilson Street, Suite 6116
Chicago, IL 60640
872-208-6257

ACKNOWLEDEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I certify that I have received a copy of Notice of Privacy Practices. The notice of Privacy practices describes the types of uses and disclosures of my protected health information that might occur in my treatment, payment of my bills or in the performance of Ravenswood Pediatrics health care operations. The notice of Privacy Practices also describes my rights and Ravenswood Pediatrics duties with respect to my protected health information.

Ravenswood Pediatrics reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised Notice of Privacy Practices by calling the office and requesting a revised copy be send in the mail, asking for one at the time of my next appointment, or accessing Ravenswood pediatrics website.

Signature of Patient or Personal Representative

Date

Description of Personal Representative's Authority