



# Pediatric Specialist

4950 S. LeJeune Rd.  
Suite F  
Coral Gables, FL 33146  
(305) 665-3523 (p)  
(305) 665-2272 (f)

## Notice of Privacy Policy 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 Practices and that I may contact the practice at any time to obtain a copy of the Notice of Privacy Practices.

---

Patient Name or Legal Guardian

---

Date

---

Signature