Palmetto Pediatrics
218 9th St Dr W
Palmetto, FL 34221
(941) 721-3900

Palmetto PEDIATRICS

Manasota Pediatrics
3425 University Pkwy # 103
Sarasota, FL 34243
(941) 355-1777

Acknowledgement of Receipt of Notice of Privacy Practices and Patient Bill of Rights and Responsibilities

Notice to Patient:

We are required to provide you with a copy of our Notice of Privacy Practices, which states how we may use and/or disclose your health information. Please sign this form to acknowledge receipt of the Notice.

Per Florida Statute 381.026, Florida law requires that your health care provider or health care facility recognize your rights while you are receiving medical care and that you respect the health care provider's or health care facility's right to expect certain behavior on the part of patients. You may request a copy of the full text of this law from your health care provider or health care facility.

I acknowledge that I have received a copy of the Palmetto / Manasota Pediatrics Notice of Privacy Practices and Patient Bill of Rights and Responsibilities.

_____

Print your name

_____

Signature

____/____/_____

Date