ACKNOWLEDGEMENT OF RECEIPT OF NOTICE

Cumberland Pediatrics

I have received and read the Privacy Notice and understand my rights contained in the notice.

By way of my signature, I provide Cumberland Pediatrics with my authorization and consent to use and disclose my protected healthcare information (PHI) for the purposes of treatment, payment and healthcare operations as described in the Privacy Notice.

_____
Patient's Name (print)

_____ _____
Patient's Signature/Legal Guardian Date

_____ _____
Authorized Facility Signature Date