

## CHILDREN'S CLINIC OF PASCAGOULA

PASCAGOULA OFFICE:  
4105 Hospital Rd., Suite 103  
Pascagoula, Mississippi 39581

HURLEY OFFICE:  
7301 Highway 614, Suite A  
Moss Point, Mississippi 39562

LUCEDALE OFFICE:  
2210-D Mill Street Extension  
Lucedale, Mississippi 39452

# Notice of Privacy Practices Patient Acknowledgement

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I have received this practice's Notice of Privacy Practices written in plain language. The Notice provides in detail the uses and disclosures of my protected health information that may be made by this practice, my individual rights and the practice's legal duties with respect to my protected health information.

This practice reserves the right to change the terms of its Notice of Privacy Practices and to make new provisions effective for all protected health information that it maintains. I understand that I can obtain this practice's current Notice of Privacy Practices on request.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to patient (if signed by a personal representative of patient):

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