

**ACKNOWLEDGMENT OF NOTICE OF PRIVACY
OF COLUMBIA PEDIATRIC CLINIC, INC.**

I, _____, the parent of

Name of Child

Date of Birth

was given, in writing, the Notice of Privacy for Columbia Pediatric Clinic, Inc. I understand that if I have any questions or concerns regarding this policy or the protection of my child's health information, I am to contact the person listed below:

Tiffany Duncan
Hipaa Security Officer
1600 Nashville Highway
Columbia, TN 38401
931-388-8965

Signature

Date

Witness