

Parkway Pediatrics, LLC -- Kelli M. Cocke, M.D.

Acknowledgment of Receipt of Privacy Policy Form

The following are abbreviated examples of the types of uses and disclosures of your protected health information that your physician's office is permitted to make. The full copy of our office Privacy Policy is available on the website (<http://pkwypeds.com>) and in our office.

- Treatment
- Payment
- Health Care
- Required By Law
- Public Health
- Communicable Diseases
- Health Oversight
- Abuse or Neglect
- Food and Drug Administration
- Legal Proceedings
- Law Enforcement
- Coroners, Funeral Directors, and Organ Donation
- Research
- Criminal Activity
- Military Activity and National Security
- Workers' Compensation
- Inmates

You are giving us the permission to share your healthcare information with insurance clearinghouses such as Relay Health and to obtain information from pharmacies and other agencies that have records of your healthcare.

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law.

You have the right: to inspect and copy your protected health information, to request a restriction of your protected health information, to request to receive confidential communications from us by alternative means or at an alternative location, to have your physician amend your protected health information, to receive an accounting of certain disclosures we have made, if any, of your protected health information, to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy Officer, Dr. Kelli Cocke at (337) 330-4525 or [pkwypeds@gmail.com](mailto:pkwypeds@gmail.com) for further information about the complaint process.

*This abbreviated notice was edited and becomes effective Aug 27, 2013.*

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Your signature (Responsible Party) \_\_\_\_\_ Date \_\_\_\_\_