

PEDIATRIC ENDOCRINE ASSOCIATES

1100 LAKE HEARN DRIVE, SUITE 350

ATLANTA, GA 30342

Voice: 404-255-0015 -- Fax: 404-845-3080

**Notice of Privacy Practices
Health Insurance Portability and Accountability Act
(HIPAA Privacy Act)**

My signature on this form acknowledges that I have been given the opportunity to review the "Notice of Privacy Practices" for Pediatric Endocrine Associates (PEA) prior to signing this consent. I understand that PEA has the right to change its Notice of Privacy Practices from time to time and that I may contact this organization at the address above for a current copy.

I understand that I may request in writing that restrictions be placed on how my private information is used or disclosed to carry out treatment or payment. I also understand that PEA is not required to agree to my requested restrictions, but if it does agree then PEA is bound to abide by said restrictions.

Patients Name: _____ DOB: _____

Signature: _____

Date: _____