



**NOTICE OF PRIVACY POLICY
PATIENT ACKNOWLEDGEMENT**

Milford Office
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Milford OH 45150-5049
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Hyde Park Office
4000 Smith Rd., Suite 175
Cincinnati, OH 45209-1968
Telephone (513) 533-6100
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Englander, Sper and Drasnin, M.D.'s, Inc. (ESD Pediatric Group) respects your privacy and only uses or discloses your child(ren)'s medical information when necessary or appropriate. Our Notice of Privacy Practices describes potential uses and disclosures of your health information by our practice and outlines your medical privacy rights. A copy of the Notice of Privacy Practices is available in the office for your review or you may request a copy.

By signing this form, you acknowledge that you have been informed of our uses and disclosures of protected health information about you for all of the purposes set out in our Notice.

By signing this form, you also acknowledge that a copy of our Notice has been provided to you, that you understand the contents of our Notice and how it applies to you, and that all of your questions regarding the contents of our Notice have been answered.

I, _____, (*Parent/Legal Guardian Name*) hereby acknowledge that I was given the opportunity to review and request a copy of the Notice of Privacy Practices issued by ENGLENDER, SPER AND DRASNIN, M.D.'s, Inc. (ESD Pediatric Group) on the date indicated below.

Parent/Legal Guardian (Please Print)

Signature of Parent/Legal Guardian

Date

Patient Name: _____

Date of Birth: _____

Patient Name: _____

Date of Birth: _____

Patient Name: _____

Date of Birth: _____

Patient Name: _____

Date of Birth: _____

Patient Name: _____

Date of Birth: _____

Patient Name: _____

Date of Birth: _____

Relationship to Patient(s): _____

Witness: _____

Date: _____

For office use only:

____ Patient refused or unable to sign

Comments:
