

# **Bayside Pediatrics PC**

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## **HIPAA PRIVACY NOTICE**

The privacy regulations require health care providers with direct treatment relationships to make a good faith effort to obtain an individual's written acknowledgment or his/her receipt of the practice's privacy notice at the time of the first service delivery except in emergencies.

### **ACKNOWLEDGEMENT:**

I, \_\_\_\_\_, the guardian of \_\_\_\_\_,  
(Child's Name)

acknowledge that I have been provided with a copy of Yohan Park, M.D's Privacy Notice.

X \_\_\_\_\_