



**HIPAA PROTECTED HEALTH INFORMATION (PHI) PRIVACY NOTICE**  
**BROCHURE RECEIPT**

I have received a copy of the HIPAA Notice of Privacy Rights brochure and the contents of this brochure has been reviewed with me. I understand that the personal health information will be information about me and my children as required by state and federal law.

I understand that questions on reviewing personal health information, requests to view or change specific health information and complaints regarding the use of my PHI are to be directed to the HIPAA Client Resource Coordinator at ChildNet (954-414-6000) or [hipaa@childnet.us](mailto:hipaa@childnet.us)

Copies of this brochure, requests to view or change health information and complaint forms are available through the HIPAA Client Resource Coordinator or available on the ChildNet website at [www.childnet.us](http://www.childnet.us)

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date Received & Reviewed: \_\_\_\_\_

Print ChildNet Staff Name: \_\_\_\_\_

Childnet Staff Signature: \_\_\_\_\_