

# *Pediatric Orthotic Specialists*

G.C. Meyer, Inc.

[www.ortho4peds.com](http://www.ortho4peds.com)

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PATIENT NAME \_\_\_\_\_ DOB \_\_\_\_\_

## **Notice and Acknowledgment Health Insurance Portability & Accountability Act** form E

### **Acknowledgment:**

I certify that I have received/reviewed a copy of G.C. Meyer, Inc. Notice of Privacy Practices. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that might occur in my treatment, payment of my bills or in the performance of G.C. Meyer, Inc.'s healthcare operations. The Notice of Privacy Practices is posted in G.C. Meyer, Inc. waiting area and on G.C. Meyer, Inc. website.

\_\_\_\_\_  
Signature Parent/Guardian/Representative (relationship to pt) Date \_\_\_\_\_

### **Video Documentation** (optional)

I agree to allow my son/daughter to be videotaped for the purposes of documentation and following his/her progress and development.

This videotape will not be used for any purpose other than listed above.

\_\_\_\_\_  
Signature Parent/Guardian/Representative (relationship to pt) Date \_\_\_\_\_