

# MERIDIAN PEDIATRICS

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## NOTICE OF PRIVACY PRACTICES

Dear Patient:

The accompanying information is a Notice of Privacy Practices. This notice describes how health information about you (or your child) as our patient may be used and disclosed and how you can get access to this information. Please review it carefully. The privacy of your health information is important to us.

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

I, the undersigned, being the parent or legal guardian of the above acknowledge receipt of the Notice of Privacy Practice.

X \_\_\_\_\_  
Print Name

X \_\_\_\_\_  
Signature

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NOTICE OF PRIVACY PRACTICES (NPP)