



**TOTAL FAMILY CARE**  
Dr. Hylton Lightman, Medical Director

***Offer of Notice of Privacy Practices  
Written Acknowledgment Form  
For Minors of TFC Practice  
(HIPPA)***

I, \_\_\_\_\_ have been offered a copy of the  
**The Notice of Privacy Practices.**

**I allow the practice to leave a message for me on my answering machine and/or voice mail.  
(Cross out if you do NOT allow this)**

**I allow the practice to contact me by telephone/email and notifications provided in  
Contact 1 and Contact 2 with Registration and Patient Portal.**

**I allow the practice to contact me in writing/email for notifications provided in  
Contact 1 and Contact 2 with Registration and Patient Portal.**

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian