

GLEN ROCK PEDIATRICS, PC

Patient Consent for Use and Disclosure of Protected Health Information

With my consent, Glen Rock Pediatrics, PC

- 1) may use and disclose protected health information (PHI) about my child to carry out treatment, payment and healthcare operations (TPO). Please refer to the Glen Rock Pediatrics, Notice of Privacy Practices for a more complete description of such uses and disclosures.
- 2) may call my home or other designated location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any call pertaining to my child's clinical care, including laboratory results among others.
- 3) may e-mail or mail to my home or other designated location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements as long as they are marked Personal and Confidential.

As a patient of Glen Rock Pediatrics, PC, I have the right:

- 1) to request that Glen Rock Pediatrics, PC restrict how it uses or discloses my child's PHI to carry out TPO. However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.
- 2) to review the Notice of Privacy Practices prior to signing this consent.
- 3) to revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent.

By signing this form, I am consenting Glen Rock Pediatrics, PC to use and disclose my child's PHI to carry out TPO. If I do not sign this consent, Glen Rock Pediatrics, PC may decline to provide treatment to me.

Glen Rock Pediatrics, PC. reserves the right to revise its Notice of Privacy Practices at anytime.

A current Notice of Privacy Practices can also be obtained at our website, www.glenrockpediatrics.com

Please list Child's Name:

Name of Parent or Legal Guardian

Date of Signature