

DANVILLE PEDIATRICS AND PRIMARY CARE, PLLC

**PATIENT CONSENT FOR USE AND DISCLOSURE
OF PROTECTED HEALTH INFORMATION**

I hereby give my consent for Danville Pediatrics and Primary Care, PLLC to use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). (Danville Pediatrics and Primary Care’s Notice of Privacy Practices provides a more complete description of such uses and disclosures.)

I have the right to review the Notice of Privacy Practices prior to signing this consent. Danville Pediatrics and Primary Care reserves the right to revise its Notice of Privacy Practices at anytime. A revised Notice of Privacy Practices may be obtained by forwarding a written request to the Privacy Officer at Danville Pediatrics and Primary Care, PLLC, 303 South Fourth Street, Danville, Kentucky 40422.

With this consent, Danville Pediatrics and Primary Care may call my home or other alternative 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 calls pertaining to my clinical care, including laboratory results among others.

With this consent, Danville Pediatrics and Primary Care may mail to my home or other alternative 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.

With this consent, Danville Pediatrics and Primary Care may e-mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements. I have the right to request that Danville Pediatrics and Primary Care restrict how it uses or discloses my 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.

By signing this form, I am consenting to Danville Pediatrics and Primary Care’s use and disclosure of my PHI to carry out TPO.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, Danville Pediatrics and Primary Care may decline to provide treatment to me.

Signature of Patient or Legal Guardian Print Name of Patient or Legal Guardian Date

Patient(s) Name

At times circumstances may require that others (such as babysitter, step-parent or grandparent) may need to bring my children in for treatment. Since immunizations require a signature, I give the following individuals consent to sign for immunizations. These individuals will not have the authority to sign for the release of medical records.

Name Relationship to Patient

Name Relationship to Patient

Name Relationship to Patient