

Orange Park Pediatrics

Patient Consent for Use and Disclosure of Protected Health Information

With the consent of a parent or guardian, Orange Park Pediatrics (OPPA) may use and disclose protected health information (PHI) about your child to carry out treatment, payment and health care operations (TPO). Please refer to our "Notice of Privacy Practices" (NPP) for a more complete description of such uses and disclosures. You have the right to review our NPP prior to signing this consent. We reserve the right to revise our NPP at any time. If you have not received our NPP, you may ask our receptionist for a copy.

With the consent of a parent or guardian, OPPA may call your home or office and leave a message in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any call pertaining to your child's clinical care.

With the consent of a parent or guardian, OPPA may mail to your home or office any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements.

The parent or guardian has the right to request that we restrict how we use or disclose your PHI to carry out the TPO. However, we are not required to agree to your requested restrictions, but if we do, we are bound by our agreement.

By signing this form, you are consenting to our use and disclosure of your child's PHI to carry out TPO. This consent may be revoked in writing except to the extent that we may have already made disclosures in reliance upon your prior consent. If you decline to sign this consent, we may decline to provide treatment for your child.

Patient's name _____ **DOB** _____

Signature of parent or legal guardian _____

Date _____