

Pavilion Pediatric Center, LLC
PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

I understand that as part of my child's health care, Pavilion Pediatric Center, LLC originates and maintains paper and/or electronic records describing my child's health history (including medical history), symptoms, examination, test results, diagnoses, treatment, and any plans for future care or treatment. I understand this information serves as:

- A basis for planning my child's care and treatment,
- A means of communication among the many health professionals who contribute to my care,
- A source of information for applying my diagnosis and medical information to my bill,
- A means to prescribe appropriate medication; either by paper or electronically,
- A means by which a third-party payer can verify that services billed were actually provided, and
- A tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals.

I understand that I have the right to refer to Pavilion Pediatric Center, LLC's *Notice of Privacy Practices* for a more complete description of such uses and disclosures. In addition I understand I also have the following rights and privileges:

- With my consent, Pavilion Pediatric Center, LLC may call my mobile phone, home phone or other designated phone number; and leave a message on voicemail or with a person, in reference to any items that assist the practice in carrying out treatment, payment, or health care operations; such as appointment reminders or insurance items. As well as any calls pertaining to my child's clinical care, including laboratory results, or any other clinical information.
- With my consent, Pavilion Pediatric Center, LLC may mail, to my home or other designated location, any items that assist the practice in carrying out treatment, payment, or health care operations, such as appointment reminder cards and patient statements. With my consent, Pavilion Pediatric Center, LLC may E-Mail my appointment reminders and patient statements under secure encrypted internet connections.
- I have a right to request that Pavilion Pediatric Center, LLC restrict how it uses or discloses my Patient Health Information to carry out treatment, payment or health care operations. I understand that Pavilion Pediatric Center, LLC is not required to agree to the restrictions requested. I understand that I may revoke this consent in writing, except to the extent that the organization has already taken action in reliance thereon. I also understand that by refusing to sign this consent or revoking this consent, this organization may refuse to treat me, or minors under my care, as permitted by Section 164.506 of the Code of Federal Regulations.
- I further understand that Pavilion Pediatric Center, LLC reserves the right to change their notice and practices prior to implementation, in accordance with Section 164.520 of Code of Federal Regulations. Should Pavilion Pediatric Center, LLC change their notice, they will have a copy of any revised notice in their office for review upon request.
- I have a right to review the Notice of Privacy Practices prior to signing this consent.

The following children are covered under the Patient Consent for Use and Disclosure of Protected Health Information.

Childs Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

I have read and understand my consent for use and disclosure of Protected Health Information.

Name: _____ Date: _____

Signature: _____ Relationship: _____

Witness: _____ Date: _____