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RECEIPT OF PRIVACY PRACTICES & CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION

SECTION A: ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, have received a copy of this offices' Notice of Privacy Practices

pertaining to my child, _____'s treatment.

PARENT/GUARDIAN Signature: _____ Date: _____

SECTION B: PARENT/GUARDIAN GIVING CONSENT

Parent/Guardian Name: _____

Address: _____

Telephone: _____

TO THE PARENT/GUARDIAN – PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY.

Purpose of Consent: By signing this form, you will consent to our use and disclosure of your protected health information to carry out treatment, payment activities, and healthcare operations.

We reserve the right to change our privacy practices as described in our Notice of Privacy Practices. If we change our privacy practices, we will issue a revised Notice of Privacy Practices, which will contain the changes. Those changes may apply to any of your protected health information that we maintain.

PARENT/GUARDIAN Signature: _____ Date: _____

SIGN BELOW ***ONLY*** IF YOU WISH TO REVOKE CONSENT

I revoke my Consent for your use and disclosure of my protected health information for treatment, payment activities, and healthcare operations.

I understand that revocation of my Consent will *not* affect any action you took in reliance on my Consent before you received this written Notice of Revocation. I also understand that you may decline to treat or continue to treat me after I have revoked my Consent.

PARENT/GUARDIAN Signature: _____ Date: _____

YOU ARE ENTITLED TO A COPY OF THIS CONSENT AFTER YOU SIGN IT.

Include completed Consent in the patient's chart.