

# NURTURE KIDS PEDIATRICS



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

With my consent, NURTURE KIDS PEDIATRICS) may use and disclose protected health information (PHI) about me to conduct treatment, payment and healthcare operations (TPO). Please refer to NURTURE KIDS PEDIATRICS's Notice of Privacy Practices for 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. (initials)

NURTURE KIDS PEDIATRICS reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to our office at 1801 South 23rd Street, Suite 3 Fort Pierce, Florida 34950. (initials)

With my consent, NURTURE KIDS PEDIATRICS, may text your cellphone or call your 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 pertaining to my clinical care, including laboratory results among others. (initials)

With my consent, NURTURE KIDS PEDIATRICS, may 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. (initials)

I have the right to request that NURTURE KIDS PEDIATRICS 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. (initials)

With my consent, NURTURE KIDS PEDIATRICS, can use any pictures given to us by the parents of their children for display in our office. (initials)

By signing this form, I am consenting to NURTURE KIDS PEDIATRICS'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, NURTURE KIDS PEDIATRICS may decline to provide treatment.

Signature of Patient / Parent / or Legal Guardian

Print Name of Patient/ Parent/ or Legal Guardian

Date