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**Consent to the Use and Disclosure of Health Information
for Treatment, Payment, or Healthcare Operations**

I understand that as part of my child's healthcare, this organization originates and maintains health records describing my child's health history, symptoms, examination and test results, diagnoses, treatment, and any plans for future care or treatment. I understand that 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 child's care
- a source of information for applying my child's diagnosis and surgical information to my child's bill
- 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 and have been provided with a **Notice of Privacy Practices** that provides a more complete description of information uses and disclosures. I understand that I have the right to review the notice prior to signing this consent. I understand that the organization reserves the right to change their notice and practices and prior to implementation will mail a copy of any revised notice to the address I've provided. I understand that I have the right to object to the use of my child's health information for directory purposes. I understand that I have the right to request restrictions as to how my child's health information may be used or disclosed to carry out treatment, payment, or healthcare operations and that the organization 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 take action in reliance thereon.

I request the following restrictions to the use or disclosure of my child's health information:

___ Accepted ___ Denied

Child's Name: _____

My Printed Name _____ Relationship: _____

Signature: **X** _____

Witness Signature: **X** _____

Effective Date: _____