

Patient Consent for Use and Disclosure of Protected Health Information

With my consent, Jennifer Zethner, RN, MS, PNP and staff of Simply Pediatrics (SP), may use and disclose Protected Health Information (PHI) about me to carry out treatment, payment and healthcare operations (TPO).

I have the right to review the Notice of Privacy Practices prior to signing this consent. Jennifer Zethner and the SP staff reserve the right to revise its Notice of Privacy at anytime.

PLEASE CROSS OUT EACH ITEM (ENTIRE SENTENCE) THAT YOU DO NOT WANT TO ALLOW US TO DO. (If any one item within the sentence is a no, then the whole number is no).

With this consent, Jennifer Zethner and the SP Staff may:

1. Call my home or cell phone 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, normal test results and return calls requesting a call back.
2. At any alternative location will only leave a message on my personal voice mail or in person in reference to any item that assists the practice in carrying out TPO, such as appointment reminder calls and any calls pertaining to my clinical care. However, at any alternative location call, Jennifer Zethner and the SP Staff will not leave a message about my medical condition or lab results with any other person.
3. Jennifer Zethner and the SP Staff also have my permission to fax to and receive faxes from other providers, items that assist the practice in carrying out TPO.
4. 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.
5. May email to my home or other alternative location any items that assist in the Practice in carrying out TPO, such as appointment reminder cards and patient statements.
6. May answer questions about my healthcare and billing with family members. If this discussion is on the phone, the family member must identify me with my social security number.
7. Evaluate and treat my minor if they come without me to an office visit.

I have the right to request that Jennifer Zethner and the SP Staff restrict how it uses or discloses PHI to carry out TPO. However, the practice is not required to agree to my requested restrictions, but if it dos, it is bound by this agreement.

By signing this form, I am consenting to Jennifer Zethner and the SP Staff'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 do not sign this consent, Jennifer Zethner my decline to provide treatment to me.

Print Patient Name

Patient' Signature

Print Name of Legal Guardian

Legal Guardian's Signature

Date