

VILLAGE PEDIATRICS

With my consent, Village Pediatrics may use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). Please refer to Village Pediatrics' 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. Village Pediatrics reserves the right to revise its Notice of Privacy Practices at anytime. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Village Pediatrics Privacy Officer at 7301 Mission Rd., Suite 350, Prairie Village, Kansas 66208.

With my consent, Village Pediatrics may call my home or 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 call pertaining to my clinical care, including laboratory results among others.

With my consent, Village Pediatrics may mail to my home or other designated location any items that assist in carrying out TPO, such as appointment reminder cards and patient statements as long as they are marked Personal and Confidential.

With my consent, Village Pediatrics may e-mail to me appointment reminder cards and patient statements. I have the right to request that Village 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.

By signing this form, I am consenting to Village Pediatrics' 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, Village Pediatrics may decline to provide treatment to me.

Signature of Patient or Legal Guardian

Patient's Name

Date

Print Name of Patient or Legal Guardian

VILLAGE PEDIATRICS, L.L.C.

RECEIPT OF NOTICE OF PRIVACY PRACTICES
WRITTEN ACKNOWLEDGEMENT FORM

PLEASE CHECK ONE

I, _____, have received a copy
(PATIENT)
of Village Pediatrics, L.L.C. Notice of Privacy Practices.

I, _____, refuse to accept a copy
(PATIENT)
of Village Pediatrics, L.L.C. Notice of Privacy Practices.

Signature of Patient

Date