PATIENT CONSENT FORM

Patient Consent for Use/Disclosure of Health Care Information

Patient's name: _____ **Date of birth:** _____/_____/_____

I understand that the patient's health information is private and confidential. I understand that the Doctors and staff of RDV Sportsplex Pediatrics (herein after known as RDV Sportsplex Pediatrics) work very hard to protect the patient's privacy and preserve the confidentiality of the patient's personal health information.

I understand that RDV Sportsplex Pediatrics may use and disclose the patient's personal health information to help provide health care to the patient, to handle billing and payment, and to take care of other health care operations. In general, there will be no other uses and disclosures of this information unless I permit it. I understand that sometimes the law may require the release of this information without my permission. These situations are very unusual.

more information about the policies and practices protecting the patient's privacy. I understand that I have the right to read the "Notice" before signing this agreement.

RDV Sportsplex Pediatrics may update this "Notice of Privacy Practices". If I ask, RDV Sportsplex Pediatrics will provide me with the most current "Notice of Privacy Practices".

Under the terms of this consent, I can ask RDV Sportsplex Pediatrics to limit how the patient's personal health information is used or disclosed to carry out treatment, payment, or health care operations. I understand that RDV Sportsplex Pediatrics does not have to agree to my request. If RDV Sportsplex Pediatrics does agree to my request, I understand that RDV Sportsplex Pediatrics would follow the agreed limits.

I may cancel this consent in writing at any time by doing the following:

I. Writing, signing, and dating a letter to RDV Sportsplex Pediatrics. If I write a letter, it must say that I want to revoke my consent to authorize the use and disclosure of the patient's personal health information for treatment, payment, and health care operations.

If I revoke this consent, RDV Sportsplex Pediatrics does not have to provide any further health care services to the patient.

My signature below indicates that I have been given the chance to review a current copy of RDV Sportsplex Pediatrics' "Notice of Privacy Practices".

My signature means that I agree to allow RDV Sportsplex Pediatrics to use and disclose the patient's personal health information to carry out treatment, payment, and health care operations.

_____ _____/_____/_____
Signature of Patient, Parent or legally authorized individual Date

_____ _____
Relationship to patient if signed by anyone other than the patient (parent, legal guardian, personal representative, etc.)

04/21/2003; REVIEWED 02/17/05

Within this " Notice of Privacy Practices" is contained a complete description of my privacy/confidentiality rights. These rights include, but aren't limited to, access to my child's medical records; restrictions on certain uses; receiving an accounting of disclosures as required by law; and requesting communication be by specified methods of communications or alternative location within reason.

RDV Sportsplex Pediatrics has established procedures, which help them, meet their obligations to patients. These procedures may include other signature requirements, written acknowledgments, and authorizations; reasonable time frames for requesting information; charges for copies and non-routine information needs; etc. I will assist RDV Sportsplex Pediatrics by following these procedures if I choose to exercise any of my rights described in the "Notice of Privacy Practices".

My signature below indicates that I have been given the chance to review a current copy of RDV Sportsplex Pediatrics' "Notice of Privacy Practices".

_____ _____ _____
Signature of Patient or legally authorized individual Date Time

_____
Relationship to patient if signed by anyone other than the patient (parent, legal guardian, personal representative, etc.)