



SETH BUSH MD
P e d i a t r i c s

CONSENT FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION FOR PAYMENT, TREATMENT AND HEALTH CARE OPERATIONS

*****PLEASE READ THE INFORMATION BELOW AND FILL IN ALL THE BLANKS AND SIGN AND DATE AT THE BOTTOM OF THE FORM.**

By signing below, you hereby consent for Middle Georgia Pediatrics, LLC to use or disclose information about yourself (or another person for whom you have authority to sign) that is protected under federal law, for the sole purposes of treatment, payment and health care operations. You may refuse to sign this consent form.

You should read the Notice of Privacy Practices for PHI attached to this form before signing the consent. The terms of the notice may change from time to time, and you may always get a revised copy of it by asking the Privacy Officer of Middle Georgia Pediatrics, LLC.

You have the right to request that Middle Georgia Pediatrics, LLC restrict how PHI is used or disclosed to carry out treatment, payment, or health care operations. Middle Georgia Pediatrics, LLC is not required to agree to requested restrictions, however; if Middle Georgia Pediatrics, LLC agrees to your requested restrictions, the restriction is binding on it

Information about you is protected under federal law, and you have the right to revoke this consent, unless we have taken action in reliance on your authorization (as determined by our Privacy Officer). By signing below, you recognize that the protected health information used or disclosed pursuant to this consent may be subject to re-disclosure by the recipient and may no longer be protected under federal law.

You may communicate with the following individuals regarding my child's condition or course of treatment: (other physicians or family members): _____

You may communicate confidential information about _____ **Child's Name**
including invoices for services to the following address and or phone numbers:

Individual Signature

Date

As a personal representative, I have the authority to act for the individual because I am the individuals _____ **Relationship to child**