

**Associates in Pediatric and Adolescent Medicine
8040 Goodwood Boulevard
Baton Rouge, LA 70806**

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

I _____, understand that as part of the healthcare
(guarantor signature)
of my dependent, _____, this practice originates and
(child's name)
maintains health records describing his/her health history, symptoms, examination and
test results, diagnosis, treatment, and any plans for further care or treatment. I understand
that this information serves as:

- A basis for planning care and treatment.
- A means of communication among the many health professional who contributes to my dependents care.
- A source of information for applying diagnosis and medical information to the bill.
- A means by which a third-party payer can verify that services billed were actually provided.
- 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 Information 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 its notice and practices, and prior to implementation, will provide me a copy of any revised notice on the next visit. I understand that I have the right to object to use of my dependents health information for directory purposes. I understand that I have the right to request restrictions as to how the health information may be used or disclosed to carry out treatment, payment, or healthcare operations and that the organization is 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 taken action in reliance thereon.

I wish to have the following restrictions to use the disclosure of the health information:

I fully understand and accept the terms of this content.

(Signature)

(Date)