



PATIENT CONSENT FOR USE AND DISCLOSURE  
OF PROTECTED HEALTH INFORMATION

With my consent, Brentwood Pediatric Care may use and disclose protected health information (“PHI”) about me or my child/children to carry out treatment, payment, and healthcare operations (“TPO”). Please refer to Brentwood Pediatric Care Notice of Privacy Practices for a more complete description of such uses and disclosures.

I have received the Notice of Privacy Practices prior to signing this consent. Brentwood Pediatric Care reserves the right to revise its Notice of Privacy Practices at any time.

With my consent, Brentwood Pediatric Care may call me and leave a message on voice mail 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 or my child’s/children’s clinical care, including laboratory results among others.

With my consent, Brentwood Pediatric Care 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.

With my consent, Brentwood Pediatric Care may e-mail me any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements. I have the right to request that Brentwood Pediatric Care restrict how it uses or discloses my or my child’s PHI to carry out TPO.

By signing this form, I am consenting to Brentwood Pediatric Care’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 I do not sign this consent, Brentwood Pediatric Care may decline to provide treatment to my child/children.

Signature \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Name of Child(ren) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_