

WHITE OAK PEDIATRIC ASSOCIATES, PA

PATIENT CONSENT FOR USE AND DISCLOSURE
OR PROTECTED HEALTH INFORMATION

With my consent, White Oak Pediatric Associates, PA may use and disclose protected health information (PHI) about my child to carry out treatment, payment and healthcare operations (TPO). Please refer to White Oak Pediatric Associates 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. White Oak Pediatric Associates 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 White Oak Pediatric Associates, Pa, Privacy Officer, 4414 Lake Boone Trail, Suite 103; Raleigh, NC 27607.

With my consent, White Oak Pediatric Associates may call my home or other 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 calls pertaining to my child's clinical care, including laboratory results among others.

With my consent, White Oak Pediatric Associates may mail to my home or other designated location any items that assist the practice in carrying out TPO, such as appointment reminders and patient statements.

With my consent, White Oak Pediatric Associates may email my appointment reminder cards and patient statements. I have the right to request that White Oak Pediatric Associates 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 White Oak Pediatric Associate'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, White Oak Pediatric Associates may decline to provide treatment.

Signature of Patient or Legal Guardian

Date

Patient's Name

Print Name of Patient or Legal Guardian