



KIDS FIRST
Pediatric Group, LLC

Patient Consent for Use and Disclosure of Protected Health Information (PHI)

With my consent, Kids First Pediatric Group, LLC (“Practice”) may use and disclose protected health information (PHI) about the patient (“Patient”) and myself (“Parent and/or Legal Guardian”) to carry out treatment, payment and healthcare operations (TPO). Please refer to Kids First Pediatric Group, LLC 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. Kids First Pediatric Group, LLC reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to the Kids First Pediatric Group, LLC Privacy Officer at: 1045 Southcrest Drive, Suite 110 Stockbridge, Georgia, 30281

With my consent, Kids First Pediatric Group, LLC may call my home or other authorized, designated location(s) to leave a message by voicemail in reference to any items that assist the Practice in carrying out TPO, such as, appointment reminders cards, insurance items and any call pertaining to the Patient’s clinical care, including laboratory results among others.

With my consent, Kids First Pediatric Group, LLC may mail to my home or other authorized, designated location(s) any items that assist the practice in carrying out TPO, such as, appointment reminder cards and patient statements so long as correspondence is marked Personal and Confidential.

With my consent, Kids First Pediatric Group, LLC may e-mail to my home or other authorized, designated location(s) any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements.

The Client, Parent and/or Legal Guardian have the right to request that Kids First Pediatric Group, LLC 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 the Practice does, it is bound by this agreement.

By signing this form, I am consenting to Kids First Pediatric Group, LLC’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 disclosure in reliance upon my prior consent. If I do not sign this consent, or later revoke it, Kids First Pediatric Group LLC, may decline to provide treatment to me.

Patient’s Name and Date of Birth

Date

Print Name of Patient of Legal Guardian

Signature of Patient or Legal Guardian