

**Patient Consent for Use and Disclosure
Of Protected Health Information**

With my consent, Kids First Pediatric Group LLC., may use and disclose protected health information (PHI) about me 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 anytime. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Kids First Pediatric Group LLC Privacy Officer at 1045 Southcrest Dr. suite 110, Stockbridge Georgia, 30281.

With my consent Kids First Pediatric Group LLC, 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 cards, insurance items and any call pertaining to my clinical care, including laboratory results among others.

With my consent, Kids First Pediatric Group LLC , 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 as long as they are marked Personal and Confidential.

With my consent, Kids First Pediatric Group LLC may e-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. I have the right to request that Kids First Pediatric Group LLC restrict how she uses or discloses 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 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.

Signature of Patient or Legal Consent

Patient's Name

Date

Print name of Patient or Legal Guardian