



St. Louis Pediatric Associates, Inc.

Patient Consent for Use and Disclosure of Protected Health Information

With my consent, *ST. LOUIS PEDIATRIC ASSOCIATES, INC.*

- 1) may use and disclose protected health information (PHI) about my child(ren) to carry out treatment, payment and healthcare operations (TPO). Please refer to the *ST. LOUIS PEDIATRIC ASSOCIATES, INC.* Notice of Privacy Practices for a more complete description of such uses and disclosures.
- 2) 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 call pertaining to my child(ren)'s clinical care, including laboratory results among others.
- 3) 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.
- 4) 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.

As a patient of *ST. LOUIS PEDIATRIC ASSOCIATES, INC.*, I have the right:

- 1) to request that *ST. LOUIS PEDIATRIC ASSOCIATES, INC.* restrict how it uses or discloses my child(ren)'s 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.
- 2) to review the Notice of Privacy Practices prior to signing this consent.
- 3) to revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent.

By signing this form, I am consenting *ST. LOUIS PEDIATRIC ASSOCIATES, INC.* to use and disclose my child(ren)'s PHI to carry out TPO. If I do not sign this consent, *ST. LOUIS PEDIATRIC ASSOCIATES, INC.* may decline to provide treatment to me.

ST. LOUIS PEDIATRIC ASSOCIATES, INC. 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 the Privacy Officer at 226 S. Woods Mill Rd., Suite 32 W, Chesterfield, Missouri 63017. A current Notice of Privacy Practices can also be obtained at our website, www.stlpeds.com

Please list Child(ren)'s Name(s):

_____	_____
_____	_____
_____	_____

Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Date of Signature