PATIENT CONSENT FOR USE AND DISCLOSURE
PROTECTED HEALTH INFORMATION

With my consent, Harbor Pediatrics may use and disclose protected health information (PHI) about me, my children to carry out treatment, payment and healthcare operations (TPO). Please refer to Harbor Pediatrics 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. Harbor Pediatrics reserves the right to revise its Notice of Privacy Practices at anytime. A revised copy may be obtained by forwarding a written request to Harbor Pediatrics Privacy Officer at 6401 Kimball Dr. Suite 103, Gig Harbor, WA 98335.

With my consent, Harbor Pediatrics 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 clinical care, including laboratory results among others.

With my consent, Harbor Pediatrics 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, Harbor Pediatrics may e-mail my appointment reminders and patient statements. I have the right to request that Harbor Pediatrics 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 Harbor Pediatrics 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, Harbor Pediatrics may decline to provide treatment to me.

______________________________
Child’s Name (please print)

______________________________
Signature of Parent or Legal Guardian

______________________________
Date

HARBOR PEDIATRICS 4700 Pt. Fosdick Dr. NW Suite 319 Gig Harbor, WA 98335 - (253)-853-3888