

Hillsborough Pediatrics, PC
390 Amwell Road, Suite 106
Hillsborough, NJ 08844

**PATIENT CONSENT FOR USE AND DISCLOSURE
OF PROTECTED HEALTH INFORMATION**

I hereby give my consent for Hillsborough Pediatrics, PC (HP) to use and disclose protected health information (PHI) about me/my child to carry out treatment, payment, and healthcare operations (TPO). Hillsborough Pediatrics' Notice of Privacy Practices provides 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. HP 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: Hillsborough Pediatrics, PC, Privacy Officer at 390 Amwell Road, Suite 106, Hillsborough, NJ 08844.

With this consent, HP may call my home or other alternative location and leave a message on voicemail 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 this consent, HP may mail to my home or other alternative 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 HP 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 HP's use and disclosure of my PHI to carry out TPO. I may revoke my consent in writing to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this disclosure, or later revoke it, HP may decline to provide treatment to me.

Signature of Parent or Legal Guardian

Date

Printed Name of Parent or Legal Guardian

Child's Name