

Lafayette Pediatrics and Internal Medicine

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

I hereby give my consent for Lafayette Pediatrics and Internal Medicine to use and disclose protected health information (PHI) about me to carry out treatment, payment and health care operations (TPO).

(The Notice of Privacy Practices provided by Lafayette Pediatrics and Internal Medicine describes such uses and disclosures more completely. This form is available on our website and on paper by request.)

I have the right to review the Notice of Privacy Practices prior to signing this consent. Lafayette Pediatrics and Internal Medicine 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 Adam Palazzari, MD.

With this consent, Lafayette Pediatrics and Internal Medicine may call my home or other alternative 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 test results, among others.

With this consent, Lafayette Pediatrics and Internal Medicine 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 as long as they are marked "Personal and Confidential."

With this consent, Lafayette Pediatrics and Internal Medicine may e-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 Lafayette Pediatrics and Internal Medicine restrict how it uses or discloses my PHI to carry out TPO. 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 allow Lafayette Pediatrics and Internal Medicine to use and disclose 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, or later revoke it, Lafayette Pediatrics and Internal Medicine may decline to provide treatment to me.

Print Name of Patient or Guardian

Signature of Patient or Guardian

Patient Name

Patient Name

Patient Name

Patient Name

Patient Name

Patient Name

Date