



**300B Princeton-Hightstown Road, Suite 201, East Windsor NJ 08520
2 Princess Road, Lawrenceville, NJ 08648**

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

I hereby give my consent for Healthy Kids Pediatric Group (HKPG) to use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). HKPG's 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 the consent. HKPG 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 Healthy Kids Pediatric Group Privacy Officer at 300B Princeton Hightstown Road, Suite 201, East Windsor, NJ 08520.

With this consent, HKPG 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, HKPG 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.

With this consent, HKPG may **e-mail** to the address given any items that assist the practice in carrying out TPO, such as appointment reminders and patient statements.

By signing this form, I am consenting to HKPG'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 disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, HKPG may decline to provide treatment to me.

Signature of Patient or Legal Guardian

Date

Printed Name of Patient or Legal Guardian

Names of Children

Names of Children