

Patient Consent for Use and Disclosure of Protected Health Information

I understand, Uptown Pediatrics, P.C., may use and disclose protected health information about me and/or my children to carry out treatment, payment and health care operations. Please refer to our practice's policy on Notice of Privacy Practices (see next page).

I understand Uptown Pediatrics, P.C., may continue its current policy to call/mail to my home or other designated location and leave/send information that assists in the care and treatment of my child.

Patient's Name

Print Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date

Notice of Privacy Practices

This notice describes how health information about you or your child (as a patient of this practice) may be used and disclosed, and how you can get access to your child's individually identifiable information. Please review this notice carefully.

1. Our practice is dedicated to maintaining the privacy of your child's individually identifiable information. In conducting our business, we are committed to maintaining the confidentiality of your child's personal health information, including the means by which we may use and disclose your child's personal health information, your privacy rights to this information, and our obligation concerning the use and disclosure of your child's personal health information. Upon request, we will provide you with a detailed copy of our privacy policy.
2. We may use and disclose your individually identifiable health information in the following ways:
 - Treatment
 - Payment
 - Health Care Operations
 - Certain Special Circumstances
 - Public Health Risks
 - Health Oversight Activities
 - Lawsuits and Similar Proceedings
 - Law Enforcement
3. Your rights regarding your personal health information:
 - a. You have the right to confidential communication of your personal health information.
 - b. You have the right to request restrictions to the use and disclosure of your individually identifiable health information.
 - c. You have the right to inspect and retain a copy of your individually identifiable health information.
 - d. You have the right to ask for an amendment to your health information if you believe it is incorrect or incomplete.
 - e. You have the right to file a written complaint if you believe your privacy rights have been violated.
4. If you have questions about this notice, please contact the Practice's Privacy Officer.
5. We reserve the right to revise or amend this Notice of Privacy Practices.

Uptown Pediatrics
Additional HIPPA forms

The following HIPPA privacy forms are available upon request. Please contact our office manager if you would like to obtain a copy.

1. Notice of Privacy Practices
2. Patient Authorization for Use and Disclosure of Protected Health Information to Third Parties
3. Request for Limitations and Restrictions of Protected Health Information
4. Request to Inspect and Copy Protected Health Information
5. Request for Correction/Amendment of Protected Health Information
6. Request for an Accounting of Certain Disclosures of Protected Health Information
7. Patient Complaint Form