

Metropolitan
Pediatric
Specialists



**Metropolitan Pediatric Specialists, P.A.
Consent for the use and disclosure of protected health information**

You are hereby notified that your protected health information may be used and disclosed by Metropolitan Pediatric Specialists, our staff and our business associates to carry out treatment, payment or health care operations. Please ask for and review our Notice of Privacy Practices for a complete description of such uses and disclosures. You have the right to review the Notice prior to signing this consent.

Metropolitan Pediatric Specialists has reserved the right to change from time to time our privacy practices that are described in the Notice of Privacy Practices. Whenever we change our practices, we will modify the Notice accordingly; and will inform you of any/all such changes in a timely manner by letter sent via U.S. Postal Service to your residential address as it appears in our records.

You have the right to request that Metropolitan Pediatric Specialists restrict how we use or disclose your protected health information to carry out treatment, payment or health care operations; but we are not required to agree to your requested restrictions. If we do then our agreement will be binding.

You have the right to revoke this consent, in writing, at any time; but Metropolitan Pediatric Specialists will not be liable for not complying with the revocation with the respect to any action we might already have taken while relying on this consent while it was in force.

By signing this consent form, you are acknowledging your understanding of and agreement with its content.

You are also acknowledging that you have received the Notice of Privacy Practices.

Acknowledged and agreed to by:

Childs Name: _____

Individual patient/parent or guardian Signature: _____

Printed name of individual patient/parent or guardian: _____

Date: _____