

Desert Valley Pediatrics

West Valley Office
4137 N. 108th Ave.
Phoenix, AZ 85037
P 623-877-7337
F 623-772-0686

At The Ball Park
3802 N. 53rd Ave. Ste. 160
Phoenix, AZ 85031
P 623-877-7337
F 623-247-6537

Surprise Office
15264 W. Brookside Ln. Ste. 155
Surprise, AZ 85374
P 623-877-7337
F 623-214-3219

Patient Privacy Consent Form

We are concerned with protecting your privacy. Our Notice of Privacy Practices provides information about how we may use and disclosure protected health information about your child. You have the right to review our Notice before signing this consent. The terms of our Notice may change, and you may obtain a revised copy by contacting our office.

By signing this form, you consent to our use and disclosure of protected health information about your child for treatment, payment, and healthcare operations as described in our Notice. The Practice may condition receipt of treatment on this consent.

You have the right to request, in writing, that we restrict the disclosure of health information about your child. We are not required to agree to this restriction but if we do, we will honor our agreement.

You understand that this consent will remain in force from this time forward and that it may be revoked by providing written notice.

By signing, you understand and agree to the terms of this consent.

Patient Name: _____ **DOB:** ____/____/____
Parent/Guardian's
Signature: _____ **Date:** ____/____/____
Parent/Guardian's
Printed Name: _____ **Relationship to Patient:** _____

Because there may be times that you are not able to bring your child to an appointment or gather information from your child's health record, you grant permission to disclose healthcare information and to seek treatment on behalf of your child to:

Name: _____ **Relationship to Patient:** _____
Name: _____ **Relationship to Patient:** _____
Name: _____ **Relationship to Patient:** _____

(This form will expire 1 year from date of signature)

Witness (Practice Representative): _____