

Desert Valley Pediatrics

Patient Privacy Consent Form

Phone 623-877-7337 Fax 623-772-0686

<input type="checkbox"/> West Valley Office 4137 N 108 th Ave Phoenix, AZ 85037	<input type="checkbox"/> At The Ball Park 3802 N 53 rd Ave Ste. 160 Phoenix, AZ 85031	<input type="checkbox"/> Goodyear Office 700 N Estrella Parkway Ste. 110 Goodyear, AZ 85338	<input type="checkbox"/> Surprise Office 15264 W Brookside Ln Ste. 155 Surprise, AZ 85374
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We are concerned with protecting your privacy. Our Notice of Privacy Practices provides information about how we may use and disclose 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: ___/___/___

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Patient Name: _____ DOB: ___/___/___

Signature of guardian: _____ Date: ___/___/___

Printed Name of guardian: _____ 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: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

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

Witness (Practice Representative): _____