

SUGARTOWN PEDIATRICS, LLC
Louis M. Giangiulio, MD, FAAP

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

I hereby give my consent for Sugartown Pediatrics, LLC to use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). Sugartown Pediatrics, LLC 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 this consent. Sugartown Pediatrics, LLC 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 the Privacy Officer at Sugartown Pediatrics, LLC.

With this consent, Sugartown Pediatrics, LLC may call my home or other alternative location and leave a message on voice mail or in person with 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, Sugartown Pediatrics, LLC may e-mail my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements. I have the right to request that Sugartown Pediatrics, LLC restrict how it uses or discloses my PHI or its TPO. However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

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, Sugartown Pediatrics, LLC may decline to provide medical treatment to me.

Signature of Patient or Legal Guardian

Printed Name of Patient or Legal Guardian

Name of Patient

Date