CHILD HEALTH ASSOCIATES, P.C.

With my consent, Child Health Associates (CHA) may use and disclose protected health information (PHI) about me to carry out treatment, payment, and healthcare operations (TPO). Please refer to CHA's Notice of Privacy Practices for 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. CHA 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 CHA Privacy Officer at 1800 W. Big Beaver, Suite #200, Troy, MI 48084.

With my consent, CHA may call my home or other designated locations and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminder, insurance items and any call pertaining to my clinical care, including laboratory results among others.

With my consent, CHA may mail to my home or other designated locations 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 CHA restrict how it uses or discloses my PHI to carry out TPO. However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting to CHA's uses and disclosure of my PHI to carry out TPO.

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, CHA may decline to provide treatment for me.

_____ _____

Signature of Parent Date

_____

Print Name of Parent

_____		_____	
Patient Name	DOB	Patient Name	DOB
_____		_____	
Patient Name	DOB	Patient Name	DOB
_____		_____	
Patient Name	DOB	Patient Name	DOB

I acknowledge that I have had the opportunity to review Child Health Associates, P.C.'s Notice of Privacy Practices.

Child Health Associates reserves the right to revise its Notice of Privacy Practices at anytime.

_____ _____

Signature of Parent/Guardian Date