

**Consent for the Use or Disclosure of
Protected Health Information**

Green Mountain Pediatrics
255 Union Blvd. #120
Lakewood, CO 80228
Effective Date: 4/14/2002

As required by the Health Information Portability and Accountability Act of 1996, Green Mountain Pediatrics may not use your personal health information for the purposes of treatment, payment or health care operations without your consent. The specific uses and disclosures that we intend to make are described in our Notice of Information Practices. You have the right to review the Notice of Information Practices prior to signing this consent form. You may request restrictions on the uses and disclosures described in the notice of information practices by describing the requested restrictions in the "restriction request" section of this form. You may revoke this consent at any time by signing and dating the revocation section of this form.

CONSENT SECTION

I, _____, hereby consent to the use and disclosure of my dependent's, (name), _____ personal health information for the purposes of treatment, payment and health care operations. My signature below indicates that I have been given an opportunity to read Green Mountain Pediatrics's Notice of Information Practices and to have any questions answered before signing.

I understand that I may request **restrictions** on the uses and disclosures of my dependent's health information at any time by completing and signing the restriction request section of this form. I further understand that Green Mountain Pediatrics is not required to accept my restriction request.

I understand that I may **revoke** this consent at any time by signing a revocation policy form. I further understand that any such a revocation does not apply to the extent that persons authorized to use or disclose my health information have already acted in reliance on this consent.

Restriction Request Section

I am requesting the following restrictions on my dependent's health information:
Name: _____

- The entire record, or
- Specific information regarding: _____
From (date) _____ To (date) _____

Print

Signature

Date