

Joshi Pediatrics
PATIENT CONSENT FOR USE AND DISCLOSURE
OF PROTECTED HEALTH INFORMATION.

With my consent, Joshi Pediatrics may use and disclose protected health information (PHI) about me to carry out treatment, payment, and healthcare operations (TPO). Please refer to Joshi Pediatrics' 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. Joshi Pediatrics 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 Joshi Pediatrics Privacy Officer at 1901 Lafayette Rd. Suite 200 Crawfordsville, IN 47933.

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

With my consent, Joshi Pediatrics 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 as long as they are marked Personal and Confidential.

By signing this form, I am consenting to Joshi Pediatrics' 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 in reliance upon my prior consent. If I do not sign this consent, Joshi Pediatrics may decline to provide treatment to me.

Signature of Patient or Legal Guardian

Date

Patient's Name

Print Name of Patient or Legal Guardian