

Eastern Shore Children's Clinic - PHI

Patient #(s): _____

With my consent, Eastern Shore Children's Clinic may use and disclose protected health information (PHI) about me to carryout treatment, payment and health operations (TPO). Please refer to Eastern Shore Children's Clinic'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. Eastern Shore Children's Clinic reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy may be obtained by forwarding a written request to Eastern Shore Children's Clinic Privacy Officer at 150 South Ingleside St., #7 Medical Park, Fairhope, AL 36532.

With my consent, Eastern Shore Children's Clinic and/or their forwarding collection agency, may call my home or other designated location(s) and leave a message or voice mail, or in person in reference to any items that assists the practice in carrying out TPO, such as appointment reminders, insurance items, delinquent balances and any call pertaining to my clinical care, including laboratory results among others.

With my consent, Eastern Shore Children's Clinic may mail to my home or other designated location any items that assists the practice in carrying out TPO, such as appointment cards and patient statements. I have the right to request that Eastern Shore Children's Clinic 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 agreement. By signing this form, I am consenting to Eastern Shore Children's Clinic's use and disclosure of my PHI to carry out TPO.

With my consent financial and medical information, as well as being allowed to accompany my child to the office for a physician visit will only be given to the persons below identifying themselves as one of the following:

_____	Relationship: _____
_____	Relationship: _____
_____	Relationship: _____
_____	Relationship: _____

*******Availability of Records to Both Parents (AL ST § 30-3-154)**

AL ST § 30-3-154

Unless otherwise prohibited by court order or statute, all records and information pertaining to the child, including, but not limited to medical, physiological, dental, scholastic, athletic, extracurricular, and law enforcement, shall be equally available to both parents in all types of custody arrangements.

Please be aware that ALL information will be available to BOTH parents regardless of custody arrangement unless legal documentation is presented to Eastern Shore Children's Clinic revoking all parental rights.

In signing this agreement I realize that Alabama state law considers my child an adult at age fourteen (14) regarding medical decisions. When my child reaches age fourteen (14) we must have your child sign a document giving permission for access of records.

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, Eastern Shore Children's Clinic may decline to provide treatment to me.

I have been made aware of the Notice of Privacy Practices for Eastern Shore Children's Clinic. I understand that I may receive a complete copy of the Notice of Privacy Practices upon request.

I have been made aware that Eastern Shore Children's Clinic provides care for patients under the age of 19. I understand that once a patient reaches the age of 19 it is the responsibility of the patient to find another healthcare provider.

_____	_____	_____
<i>Signature of Patient/Legal Guardian</i>	<i>Date</i>	<i>Printed name of Patient/Legal Guardian</i>

_____	_____
<i>Patient's Name</i>	<i>Date of Birth</i>

_____	_____
<i>Patient's Name</i>	<i>Date of Birth</i>

_____	_____
<i>Patient's Name</i>	<i>Date of Birth</i>