

South Dayton Pediatrics, Inc.
Patient Consent Form

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. You have the right to receive a copy of this notice before signing this consent. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy by calling our office.

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment, or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement.

By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment, and health care operations. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

By signing this form, you are also agreeing to knowing and understanding our office policies. If you have any questions regarding any of these policies, or what this may consist of, please see the front desk for a complete print out.

Signature (Parent or Legal Guardian)

Date

Patient's Name

Date of Birth