

Almouie Pediatrics, P.A.

Patient Consent for Use and Disclosure of Protected Health Information

With my consent, Almouie Pediatrics, P.A. may use and disclose Protected Health Information (PHI) about me to carry out Treatment, Payment and Healthcare Operations (TPO). Please refer to Almouie Pediatrics, P.A. Notice of Privacy Practices for a more complete description of such uses and disclosures.

I have the right to review the Notice of Privacy Practice prior to signing this consent. Almouie Pediatrics, P.A. reserves the right to revise its Notice of Privacy practices at any time.

A revised Notice of Privacy practice may be obtained by forwarding a written request to Almouie Pediatrics, P.A., Privacy Officer at 14041 Northwest Blvd, Ste 1, Corpus Christi, Texas 78410.

With my consent, Almouie Pediatrics, P.A. may **CALL** my home or other designated location and leave a message on voicemail 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, Almouie Pediatrics, P.A. may **MAIL** to my home or other designated location 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.

With my consent, Almouie Pediatrics, P.A. may **E-MAIL** me appointment reminders and patient statements. I have the right to request that Almouie Pediatrics, P.A., restrict how it uses or discloses my request restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting to Almouie Pediatrics, P.A. use 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.

Patient Name

Printed Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date