



## SENDERS PEDIATRICS

### Patient Consent Form

In April of 2003, new federal requirements regarding privacy of information for health care patients took effect. H.I.P.A.A., the Health Insurance Portability and Accountability Act requires that all medical providers, insurance companies and others, put in place controls to ensure that your personal medical information is safe.

Senders Pediatrics requests that each patient sign this consent form which allows us to share protected health information with physician offices, other medical personnel as well as your insurance company. 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 based on your prior consent.

**Name of Patient:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Patient or Representative:** \_\_\_\_\_

### Authorization to Leave Messages with Household Members or Answering Machine

From time to time it is necessary for Senders Pediatrics to leave messages for patients. The purpose of these messages are to remind patients that they have an appointment, to notify the patient that Senders Pediatrics would like to discuss their health information, to provide information about upcoming programs or to ask a patient to call Senders Pediatrics regarding an issue or concern. At no time will Senders Pediatrics discuss your medical circumstances or condition without your consent. The purpose of this consent is to leave messages with members of your household or on your answering machine/voice mail. By signing this consent, you agree to allow Senders Pediatrics to leave messages on an answering machine/voicemail for the purposes described above.

You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent

**Patient Name:** \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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Date Implemented:	09/01/2009
Date Reviewed:	
Signed by:	Dr. Shelly Senders
Date Signed:	09/01/2009