Consent Agreement

Consent to the Use and Disclosure of Health Information for Treatment, Payment, or Health Operations.

I, ___________________________________, am the parent/legal guardian
Parent/Legal Guardian's Printed Name

of _____________________________________, a minor child. I understand that
Minor Child's Printed Name

as part of my child's healthcare, Dr. Malis Family ENT & Audiology originated and maintains health records describing my child's history, symptoms, examinations, test results, diagnoses, treatments, and any plans for future care or treatment.

I understand that this information serves as:

- **A basis for planning my care and treatment.**
- **A means of communication among the many health professionals who contribute to my care.**
- **A source of information for applying my diagnosis and surgical information to my bill.**
- **A means by which a third-party payer can verify that services billed are actually provided**
- **A tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals.**

I understand and have been provided with a ***Notice of Privacy*** Practices that provides a more complete description of information uses and disclosures. I understand that Dr. Malis Family ENT & Audiology reserves the right to change their notice and practices and prior to implementation will mail a copy of any revises notice to the address I have provided. I understand that I have the right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or healthcare operations and that the organization is not required to agree to the restrictions requested. I understand that I may revoke this consent in writing except to the extent that the organization has already taken action in reliance thereon.

I wish to have the following restrictions to use or disclosure of my health information:

I fully understand and accept the terms of this consent.

_______________________________________ ____________________
Parent/Legal Guardian's Printed Date

Last Updated: 26 March 2013