LUV-N-CARE PEDIATRICS

11811 Fallbrook Dr., Suite B-2, Houston, Texas 77065
PH: 832-237-8882 - FX: 832-237-8886
www.luv-n-carepediatrics.com

Consent to Release Protected Health Information For Treatment, Payment or Healthcare Operations

I understand that my health care provider created and uses a record of my child's health history and related financial information that may be used for:

- Continuing care and treatment
- Communicating with other healthcare professionals who are involved in my child's care
- Deriving information used in billing for my child's care
- Responding to insurers' requests for information about my child's care.

My signature below authorizes the above uses of my records and also signifies that I was given a copy of the clinic's privacy policy which provides a more complete description of the ways my child's medical record might change from time to time and that I can obtain another copy of the notice at the front desk any time.

I know that I can request restrictions on the way my child's health care information is used, but I also understand that the clinic is not required to abide by my restrictions. I also understand that I can revoke this consent at any time in writing, but that this revocation will not apply to uses of my child's records between the date of this consent and the date of revocation.

Please restrict the use of my records as follows:

_____

_____

_____

Signed: _____ Date:_____
Parent / or Legal Guardian

Name: _____
Parent / or Legal Guardian