

Patient Consent Form

Donald J. Annino, M.D.
Mark A Ayanian, M.D.
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Melissa L. McCormack, M.D.
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***** PLEASE FILL OUT BOTH SIDES AND PLEASE SIGN AND DATE ATTACHED SHEET FOR THE BILLING AND COLLECTION POLICES *****

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple health care providers who may be involved in the treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I have been informed by you of your *Notice of Privacy Practices* containing a more complete description of the uses and disclosures of my health information. I have been given the right to review such *Notice of Privacy Practices* prior to signing this consent. I understand that this organization has a right to change its *Notice of Privacy Practices* from time to time and that I may contact this organization at any time at the address below to obtain a current copy of the *Notice of Privacy Practices*.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

I understand that I may revoke this consent in writing at any time, except to the extent that you have taken action relying on this consent.

Patients Name

Physician you are seeing today

Relationship to Patient

Signature of parent of legal guardian

Date



Pediatricians, Inc.

Comprehensive and personalized pediatric care.

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HOUSEHOLD: *Please List all those living in the child's home*

Name: Relationship to child: DOB: Health Problems:

Are these siblings , half siblings, and step siblings not listed? If so please list their names and ages and where they live.

If Parents are not living together or if child does not live with parents, what is the child's custody Status?

If one or both parents are not living at home, how often does he/ she see the parent/parents in the home?
