

Consent Form

child&familydevelopment



Client's Name: _____ Date of Birth: _____
(first name last name) (mm/dd/yy)

Printed name of client's representative: _____ Relationship: _____

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

I acknowledge that the Child & Family Development Notice of Privacy Practices (NPP) has been made available to me. I understand that it is available in the office and on the website at anytime.

CONSENT TO SERVICES

I hereby give my consent for services in a general pediatric practice, Child and Family Development, to use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations. Child and Family Development's Notice of Privacy Practices (NPP) provides a more complete description of such uses and disclosures. I have the right to review the NPP prior to signing this consent. Child and Family Development reserves the right to revise the NPP at anytime. I understand that Child and Family Development will inform me of revisions within 60 days.

RIGHT TO REQUEST AN ALTERNATIVE MEANS OF CONTACT

Child and Family Development may contact me in reference to any items that assist in the practice of carrying out treatment, payment and healthcare operations (TPO). I accept ALL methods of contact provided by me to Child and Family Development. I understand I may request an alternate means of contact or confidential communications by completing an Alternate Contact Form.

SECURE EMAIL COMMUNICATIONS

Child and Family Development sends email in a secure encrypted format. On occasion, a client may request to receive information by an unsecure, unencrypted email method. In those instances, communication is intended for brief exchange of information with limited disclosure of PHI.

I have read all four (4) sections and agree to all of the terms described above.

X

Signature of client or client's representative

Date