

ATLANTA CHILDREN’S ENT, P.C. (ACENT) HIPAA CONSENT FORM

By signing this form, you consent to our use and disclosure of protected health information about your child for treatment, payment, and health care operations. Our Notice of Privacy Practices (“Notice”) provides a complete description about how we may use and disclose protected health information about your child. You have the right to review our Notice before signing this consent. By signing this consent, you acknowledge that you have had the opportunity to review the Notice and received a copy if you wanted one. As provided in our Notice, the terms of our Notice may change. If we change our Notice, you may obtain a revised copy by accessing our web site at www.atlantachildrensent.com or requesting on from our front desk staff or Privacy Officer in writing.

You have the right to request that we restrict how protected health information about your child is used or disclosed for treatment, payment, or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement.

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

ACENT has the right to refuse to treat your child if you do not sign this consent, except to the extent that ACENT is required by law to treat you. If you sign this consent and then later revoke it, ACENT has the right to refuse to provide further treatment to your child as of the date of your revocation, except to the extent that ACENT is required by law to treat you.

I consent to ACENT’s use and disclosure of my health information as described in its Notice of Privacy Practices. I have had the opportunity to review a copy of Atlanta Children’s ENT, PC Notice of Privacy Practices.

Signature of Patient or Representative

Date

Print Name

Relationship of Representative to Patient