

**Lake Lewisville Pediatrics
Patient Consent to Disclose Private Healthcare Information**

If you have any questions about this Consent please contact our Privacy Contact who is

Mary Ann Stocker

Protected health information may be used and disclosed to carry out treatment, payment or health care operations.

- You may request to read our Privacy Notice required by the law for a more complete description of such uses and disclosures prior to signing this consent.
- We reserve the right to change its privacy practices; therefore the terms of our notice may change. A description of how an individual may obtain a revised notice is detailed in our Privacy Notice.

You have the lawful right to request that we restrict how protected health information is used or disclosed.

Please print below any requested restrictions on your health information.

- You have the right to revoke your consent in writing except to the extent that Lake Lewisville Pediatrics has taken action in reliance.

Patient(s) Name

Date

Parent/Legal Guardian Signature

Office Use

_____ Initialed by Office Manager as reviewed and scanned