



Patient Consent Form

FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

With my consent, Brentwood Pediatric Care may use and disclose protected health information ("PHI") about me or my child/children to carry out treatment, payment, and healthcare operations ("TPO"). This includes communications such as appointment scheduling, coordination of patient care, review of our service and office closures. Please refer to Brentwood Pediatric Care Notice of Privacy Practices for a more complete description of such uses and disclosures.

I have received the Notice of Privacy Practices prior to signing this consent. Brentwood Pediatric Care reserves the right to revise its Notice of Privacy Practices at any time. Brentwood Pediatric Care Privacy Practices are available at <https://www.bwpedscare.com/>.

By consenting to communication via text/SMS message and/or email, there is some level of risk that your Protected Health Information (PHI) could be read or accessed by a third party when it is sent by unencrypted email or text/SMS message. Once you provide consent for us to communicate via text/SMS message and/or email we cannot ensure its security. Please ensure email addresses and text/SMS message numbers provided are correct.

By signing this form, I am consenting to Brentwood Pediatric Care's use and disclosure of my PHI to carry out TPO via the methods I have opted in and selected below. I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, Brentwood Pediatric Care may decline to provide treatment to my child/children.

Opt In for Communications

<input type="checkbox"/>	Voice Mail: By checking this box, I consent to receive phone calls and voice messages from Brentwood Pediatric Care.
<input type="checkbox"/>	Mail: By checking this box, I consent to receive mail to my home or other designated location from Brentwood Pediatric Care.
<input type="checkbox"/>	e-Mail: By checking this box, I consent to receive e-mail from Brentwood Pediatric Care.
<input type="checkbox"/>	Text/SMS: By checking this box, I consent to receive SMS from Brentwood Pediatric Care. Reply STOP to opt-out; Reply HELP for support; Message and data rates may apply; Messaging frequency may vary.

Visit <https://www.bwpedscare.com/privacy-policy/> to see our privacy policy and our Terms of Service.

Name:

Patient Name(s):

Date Signed:

Relationship to Patient:

Signature: