

WESTERN MICHIGAN PEDIATRICS, PC

710 KENMOOR AVE SE, GRAND RAPIDS, MI 49546 • 1915 GEORGETOWN CENTER DR, JENISON, MI 49428
616-949-6112 616-457-3510

**CONSENT FOR THE USE AND DISCLOSURE OF
PROTECTED HEALTH INFORMATION**

Patient Name

The undersigned has received a copy of Western Michigan Pediatrics, P.C. "Notice of Privacy of Practices", and consents to allow Western Michigan Pediatrics, P.C. to use and/or disclose protected health information about the patient named above for the treatment of the individual, obtaining payment for treatment, or for the operation of this practice, in accordance with Western Michigan Pediatrics, P.C.'s "Notice of Privacy Practices", as adopted April 14, 2003. I understand that I may receive a copy of any subsequent revisions to this policy by requesting it from Western Michigan Pediatrics, P.C. at any time.

The consent is in effect until revoked by the person signing this Consent or until the patient is discharged from the practice, whichever occurs first.

I am (please select one):

- The patient
- An authorized representative of the patient (please provide proof of authority).
- A parent of a patient who is under the age of 18.
- The legal guardian of the patient (please provide proof of guardianship).

Signature

Printed Name

Date

I DO

I DO NOT

Give permission to Western Michigan Pediatrics, P.C. to share my medical records with my parents. I understand my parents may access any or all of my private health information on my behalf.

Date

Initials

Cell Phone