

## Consent for Purposes of Treatment, Payment and Healthcare Operations

I consent to the use or disclosure of my protected health information by Grants Pass Pediatrics for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of Grants Pass Pediatrics. I understand that diagnosis or treatment of me by Lisa Callahan CPNP-PC or Lori Simmons FNP-C may be conditioned upon my consent as evidenced by my signature on this document.

I understand I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment or healthcare operations of the practice. Lisa Callahan CPNP or Lori Simmons FNP-C are not required to agree to the restrictions that I may request. However, if Lisa Callahan CPNP or Lori Simmons FNP-C agrees to a restriction that I request, the restriction is binding. I have the right to revoke this consent, in writing at any time, except to the extent that Lisa Callahan CPNP-PC or Lori Simmons FNP-C has taken action in reliance on this consent.

My “**protected health information**” means health information, including my demographic information, collected from me and created or received by my Nurse Practitioner, another health care provider, a health plan, my employer or a health care clearinghouse. This protected health information relates to my past, present or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe the information may identify me.

I understand I have a right to review the Notice of Privacy Practices prior to signing this document. The Notice of Privacy Practices has been provided to me. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills or in the performance of health care operations of Grants Pass Pediatrics. The Notice of Privacy Practices is also provided in the lobby and at the front desk. This Notice of Privacy Practices also describes my rights and the duties of Grants Pass Pediatrics office with respect to my protected health information.

Lisa Callahan CPNP-PC reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised notice of privacy practices by calling the office and requesting a revised copy be sent in the mail, or asking for one at the same time of my next appointment.

---

**Signature of Patient or Personal Representative**

---

**Date**

---

Name of Personal Representative **and** description of authority