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PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

With my consent, Pediatric Care of Lansing may use and disclose protected health information about my child to carry our treatment, payment and healthcare operations. Please refer to Pediatric Care of Lansing's Notice of Privacy Practices for a more complete description of such uses and disclosure,

I have the right to review the Notice of Privacy Practices prior to signing this consent. Pediatric Care of Lansing reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Pediatric Care of Lansing.

With my consent, Pediatric Care of Lansing may call my home, leave a message on voice mail, and fax or mail information in reference to any items that assists the practice in carrying out healthcare operations, such as appointment reminders, insurance items and any call pertaining to my clinical care, including laboratory results among others as long as mail is marked Personal and Confidential.

With my consent, Pediatric Care of Lansing may share information with other medical personnel.

By signing this form, I am consenting to Pediatric Care of Lansing's use and disclosure in reliance upon my prior consent. If I do not sign this consent, Pediatric Care of Lansing may decline to provide treatment to me.

Print Name of Legal Guardian/Patient (18 or older)

(Signature of Legal Guardian/Patient)

Print All Children's Names (If under 18)

(Date)

Patient Privacy Questionnaire:

- I. FOR MINORS ONLY: Please list any adult who has your permission to bring your child in for treatment to Pediatric Care of Lansing and their relationship to patient.

- II. Please list any adult, if any, we may inform about you/your child(ren)'s general medical condition and diagnosis (including treatment, payment, and health care operations).