

Midcoast Pediatrics  
121 Medical Center Dr. Suite 2600  
Brunswick, Maine 04011  
207-721-8333

CONSENT FOR TREATMENT  
AND  
CONSENT TO USE AND DISCLOSURE OF  
PROTECTED HEALTH INFORMATION

- I consent to Midcoast Pediatrics use and disclosure of my child's protected health information ("PHI") in support of my child's diagnosis and treatment, payment for the medical services my child receives, and the legitimate health care operations of the medical practice.
- I consent to Midcoast Pediatrics disclosure of PHI to other health care practitioners and facilities that are involved in providing medical services to my child, my family, and close friends who are providing my child with emotional support as my child receives medical services. Also, I consent to Midcoast Pediatrics disclosure of PHI to my child's health insurance carrier, utilization review organization, or third-party administrator to support payment for my child's medical services.
- I understand that Midcoast Pediatrics agreement to provide medical services to my child is conditioned upon my signing of this consent and that Midcoast Pediatrics requests my consent to ensure that Midcoast Pediatrics can properly carry out the professional responsibility of caring for my child.
- I understand that Midcoast Pediatrics will disclose only the minimum amount of my child's health care information which is necessary, in the judgment of Midcoast Pediatrics, for the legitimate needs of the recipient or for my child's general well being.
- My child's PHI, which is the subject of this consent includes demographic information; information about my child's physical or mental health or condition; information about the medical services provided to my child, including payment information, if any of that information may be used to identify myself or my child. (Depending on the medical services I request, or that my child may require, this information may include diseases, mental health or psychiatric conditions, or substance abuse.)
- I understand that I have a right to restrict Midcoast Pediatrics use and disclosure of my child's PHI, and that Midcoast Pediatrics is not obligated to agree to the requested restriction, but that an agreement to a restriction binds Midcoast Pediatrics. I may revoke this consent at any time by providing Midcoast Pediatrics with a written, signed, and dated request, except to the extent that Midcoast Pediatrics has acted in reliance upon my consent. However, I understand that any

restriction of this consent may result in improper diagnosis or treatment, denial of coverage of a claim for insurance benefits, or other adverse consequences.

- I acknowledge that this consent will remain in effect for all subsequent uses and disclosures for the limited purposes outlined above for 12 months from the date of this consent unless I revoke it earlier as described above.
- I acknowledge that Midcoast Pediatrics regards the safeguarding of PHI as an important duty. I understand, furthermore, that the elements of this consent are required by state and federal law for my child's protection and to ensure my informed consent to the use and disclosure of PHI necessary to support my child's relationship with Midcoast Pediatrics.
- I understand that if I have any questions about this consent, or if I wish to have a copy of this consent, I may ask the office staff or my child's physician.

\_\_\_\_\_  
Signature of Patient or Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Patient

I hereby assign to Midcoast Pediatrics all payment for medical services rendered to my child or myself. I understand that I am financially responsible for any amount not paid for by insurance or other health benefit plans.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date