

PREMIER PEDIATRIC GROUP
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PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH
INFORMATION

With my consent, Premier Pediatric Group, Inc. may use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operation (TPO). Please refer to Premier Pediatric Group, Inc.'s Notice of Privacy Practices for a more complete description of such uses and disclosures. I have the right to review the Notice of Privacy Practices prior to signing this consent. Premier Pediatric Group, Inc. reserves the right to revise its Notice of Privacy Practices at anytime. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Premier Pediatric Group, Inc. Privacy Officer at 5386 Cox-Smith Road, Suite A, Mason, OH 45040.

With my consent, Premier Pediatric Group, Inc. may call my home or other designated location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any call pertaining to my clinical care, including laboratory results among others.

With my consent, Premier Pediatric Group, Inc. may mail to my home or other designated location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements as long as they are marked Personal and Confidential.

With my consent, Premier Pediatric Group, Inc. may e-mail to my home or other designated location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements.

I have the right to request that Premier Pediatric Group, Inc. restrict how it uses or discloses my PHI to carry out TPO.

However, the practice is not required to agree to my request restrictions, but if it does, it is bound by this agreement.

Patient/Guarantor Signature

Date