

BLACK HILLS PEDIATRICS, LLP
2905 FIFTH STREET
RAPID CITY, SD 57701
(605) 341-7337

**PRIVACY PRACTICES ACKNOWLEDGMENT
AND
PATIENT CONSENT FOR USE AND DISCLOSURE
OF PROTECTED HEALTH INFORMATION**

With my consent, Black Hills Pediatrics, LLP may use and disclose protected health information (PHI) about me to carry out treatment, payment, and healthcare operations (TPO). Please refer to Black Hills Pediatrics, LLP'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. Black Hills Pediatrics, LLP reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained at the reception desks, by forwarding a written request to Black Hills Pediatrics, LLP's Privacy Officer at 2905 5th Street, Rapid City, SD, 57701, or at the blackhillspediatrics.com website.

- With my consent, Black Hills Pediatrics, LLP 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, Black Hills Pediatrics, LLP 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.
- I have the right to request that Black Hills Pediatrics, LLP restrict how it uses or discloses my PHI to carry out TPO. However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting to Black Hills Pediatrics, LLP's use and disclosure of my PHI to carry out TPO. I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent.

If I do not sign this consent, Black Hills Pediatrics, LLP may decline to provide treatment to me.

I have received the Notice of Privacy Practices.

I have been provided an opportunity to review the Notice of Privacy Practices.

Patient Name

Date of Birth

Signature of Patient or Legal Guardian

Date

OFFICE USE ONLY

I attempted to obtain the patient's signature in acknowledgment on this Notice of Privacy Practices Acknowledgment, but was unable to do so as documented below.

DATE:	INITIALS:	REASON:

Revised 4/1/14