



HIPAA Acknowledgement/Consent to the Use and Disclosure of Health Information for Treatment, Payment or Healthcare Operations

I understand that as part of my healthcare, Brio Pediatrics originates and maintains health records describing my health history, symptoms, examination, test results, diagnoses, treatment and nay plans for future care of treatment. I understand that this information serves as:

- *A basis for planning my care and treatment.*
- *A means of communication among the many healthcare professionals who contribute to my care.*
- *A source of information for applying diagnosis and surgical information to my bill.*
- *A means by which a third-party pay can verify that services billed were actually provided.*
- *And a tool for routing healthcare operations such as assessing quality and reviewing the competence of healthcare professionals.*

I understand and have been provided with Notice of Privacy Practices that provides a more complete description of protected health information uses and disclosures. I understand that I have the right to review the Notice of Privacy Practices prior to signing this acknowledgment. I understand Brio Pediatrics reserves the right to change its practices and to make the new provision effective for all protected health information maintained by Brio Pediatrics.

I understand that I have the right to request restrictions as to how my protected health information may be used or disclosed to carry out treatment, payment, or healthcare operations and that Brio Pediatrics is not required to agree to the restriction requested. Brio Pediatrics will not use or disclose your health information without your authorization, expect a described in the Notice of Privacy Practices.

Brio Pediatrics records may contain information created by and entity other than Brio Pediatrics. Brio Pediatrics is not responsible for the information contained therein (including the accuracy, completeness, relevance, legibility or lack thereof such incorporated records). Patient expressly requests releases of all records maintained by Brio Pediatrics concerning patient, including incorporated records. Patients acknowledges that Brio Pediatrics has no and assures not duty to patient regarding the content of or omission from such incorporated records.

Patient Signature or Legal Representative

Date

Print Full Name

D.O.B