

Bluegrass Pediatrics & Internal Medicine, PLLC
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Georgetown, KY 40324
(502) 863-2818

Privacy Consent for Use or Disclosure of Patient Information for the Purposes of Treatment, Payment and Healthcare Operations

I hereby consent to Bluegrass Pediatrics & Internal Medicine, PLLC using or disclosing my protected health information for the purpose of providing treatment to me, obtaining payment for healthcare services rendered to me or to carry out the Practice's healthcare operations. I also consent to Bluegrass Pediatrics & Internal Medicine, PLLC using or disclosing my protected health information for treatment activities provided by another healthcare provider, as well as the payment activities conducted by another healthcare provider or entity. I further consent to the disclosure of my protected health information in order for another provider or healthcare entity to conduct healthcare operations including quality assessment and reviewing the competence of healthcare professionals.

Specific Records Expressly Included. I expressly authorize release of the following information for the purposes of treatment, payment and healthcare operations, if it is part of my protected health information (CHECK ANY OR ALL YOU AGREE TO AUTHORIZE FOR RELEASE):

- Chemical Dependency/Substance Abuse
 - Drugs
 - Alcohol
- Sexually Transmitted Diseases

I further acknowledge Bluegrass Pediatrics & Internal Medicine, PLLC has provided me a copy of its Notice of Privacy Practices, which provides a detailed description of the uses and disclosures allowed by this consent, as well as other rights I have regarding my protected health information. I have also been given a copy of the office policies.

Signature of Patient or Personal Representative

Name of Patient or Personal Representative

Date

Description of Personal Representative's Authority