BENNETT PEDIATRICS, LLC
Phone: 352.404.7728
Fax: 352.404.7724
425 Citrus Tower Blvd Ste 104
Clermont, FL 34711-6532
www.BennettPediatrics.com

Bennett PEDIATRICS
CARING FOR THE CHILD. CARING FOR THE FAMILY.

CONSENT FOR EVALUATION, TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

I hereby consent to the use and disclosure of my protected health information by Bennett Pediatrics, LLC for the purpose of diagnosing or providing treatment to me or my child, obtaining payment for health care bills or to conduct health care operations of Bennett Pediatrics, LLC.

I have the right to revoke this consent , in writing, at any time, except to the extent that Bennett Pediatrics, LLC has taken action in reliance on this consent.

"Protected Health Information" means health information including demographic information collected from me and created or received by my physician, another health care provider, a health plan, my employer or a health care clearinghouse. This protected health information relates to present, past or future physical or mental health condition that identifies me or my child or there is reason to believe that this information may identify me or my child.

Bennett Pediatrics, LLC has an established HIPAA Notice of Patient Privacy Practices which is displayed in this office and online. I can obtain a printed copy of this policy at any time.

Patient Name: _____

Parent/Guardian Signature: _____

Relationship to Patient: _____

Date: _____/_____/_____