

**BISKUP & SEGUI
PEDIATRIC PARTNERS, P.C.**

20325 S. Graceland Lane
Frankfort, Illinois 60423
Phone (815) 469-8700

**Consent for Release and Use of Confidential Information and
Receipt of Notice of Privacy Practices Form**

I, _____, hereby give my consent to Biskup &
(Parent / Guardian Signing this Form)

Segui Pediatric Partners, P.C. to use or disclose, for the purpose of carrying out treatment,
payment, or health care operations, all information contained in the patient record of

(Patient's Name)

I acknowledge receipt of the physician's Notice of Privacy Practices. The Notice of Privacy Practice
provides detailed information about how the practice may use and disclose the patient's confidential
information.

I understand that the physician has reserved a right to change his or her privacy practices that are
described in the Notice. I also understand that a copy of any Revised Notice will be provided to me or
made available in this office.

I understand that this consent is valid until it is revoked by me. I understand that I may revoke this
consent at any time by giving written notice of my desire to do so, to the physician. I also understand
that I will not be able to revoke this consent in cases where the physician has already relied on it to use
or disclose the patient's health information. Written revocation of consent must be sent to the
physician's office.

*Signed: _____ Date: _____

*Relationship to the patient _____

Communication Consent

I further authorize Biskup & Segui Pediatric Partners, P.C. to leave medical information regarding the
patient's care by the following methods:

- | | | |
|---|------------------------------|-----------------------------|
| Home Telephone..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Home Answering Machine or Voice Mail..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Work Telephone..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Work Answering Machine or Voice Mail..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other preferred method: (like CELL PHONE | <input type="checkbox"/> Yes | |