

BISKUP & SEGUI
PEDIATRIC PARTNERS, P.C.
 20325 S. Graceland Lane, Suite C
 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 & Segui
 (Parent/Guardian Signing this Form)

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 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..... Yes No
- Home Answering Machine or Voice Mail..... Yes No
- Work Telephone..... Yes No
- Work Answering Machine or Voice Mail..... Yes No
- Cell Phone..... Yes No
- Other preferred method: (Please describe)..... Yes No