



67 Irving Place • 3rd Floor, South • New York, NY 10003  
420 West 23rd St. • Suite AGF • New York, NY 10011

## **HIPAA/Prescription CONSENT FORM**

I give Gramercy Pediatrics, LLC my consent to use or disclose my protected health information to carry out my treatment, to obtain payment from insurance companies, to view any past prescription histories, and for health care operations like quality review.

I understand that this practice has the right to change their privacy practices and that I may obtain any revised notices at the practice.

I understand that I have the right to request a restriction of how my protected health information is used. However, I also understand that the practice is not required to agree to the request. If the practice agrees to my requested restriction, they must follow the restriction(s).

I also understand that I may revoke this consent at any time, by making a request in writing, except for the information already used or disclosed.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_