PEDIATRIC ASSOCIATES

43 Batavia City Centre, Suite A
Batavia, NY 14020
(585) 343-7117

21 Main St
Attica, NY 14011
(585) 708-4008

Fax (585) 343-3783

Effective April 14, 2003

CONSENT

I consent to have Pediatric Associates of Batavia, LLP, to use and disclose my protected health information for payment, treatment and health care operations and for such purposes not stated in HIPPA regulations.

I have been given a copy of the HIPPA notice describing how I may use it and my right under it.

Patient Name_____

Parent Name_____

Persons and relationship to my child other than parent or legal guardian with permission to authorize my child's medical treatment:

_____

_____

Date_____