

Lone Tree Pediatrics

PATIENT CONSENTS

Assignment of Benefits

I hereby authorize Lone Tree Pediatrics to file a claim with my insurance provider for services provided. I authorize payment of authorized insurance benefits directly to Lone Tree Pediatrics and I hereby assign my right to receive payment of authorized insurance benefits to Lone Tree Pediatrics.

Authorization to Release Medical Records

I hereby authorize Lone Tree Pediatrics to release any health information, including confidential information related to psychiatric care, drug or alcohol abuse, and HIV/AIDS, to my health insurance carrier and/or its agents as necessary to process related health insurance claims, and to utilization review and professional standards review companies, that assist with quality assurance activities.

Health Information Exchange (HIE) Consent

Lone Tree Pediatrics endorses, supports, and participates in electronic Health Information Exchange (HIE) as a means to improve the quality of your healthcare experience. HIE provides us with a way to securely and efficiently share patients' clinical information electronically with other physicians and healthcare providers that participate in the HIE network. Making your health information available to your healthcare providers through the HIE provides your healthcare providers immediate access to your health information that may be critical for your care and may also help reduce your costs by eliminating unnecessary duplication of tests and procedures. **You may choose to opt-out of participation in the HIE, or cancel an opt-out choice, at any time.**

I hereby authorize and give consent for Lone Tree Pediatrics to share my health information via HIE, including confidential information related to psychiatric care, substance or alcohol abuse, and HIV/AIDS.

I understand that I may revoke this consent in writing; however, my revocation will not apply to information already used or released in reliance on this consent. I agree that a copy of this consent may be used in place of the original. My signature below indicates that I understand and accept the content of this form. This form and assignment of benefits applies and extends to subsequent visits and appointments with Lone Tree Pediatrics providers.

X _____

Parent/Guardian Signature

Lone Tree Pediatrics

PATIENT CONSENTS

Consent to Treatment

By signing this form, I consent to and authorize my provider(s) at Lone Tree Pediatrics to provide me (or my dependent) medical treatment and medical procedures. I understand treatment could include lab tests, x-rays, immunizations, medication prescription and/or administration, education, other diagnostic tests, or behavioral health interventions. I understand that my provider is available to explain the treatment and I have the right to refuse treatment. I understand that this consent will be valid and remain in effect as long as I am treated by provider(s) at Lone Tree Pediatrics. I understand the physicians, providers and staff of Lone Tree Pediatrics will not discuss my health information with my family or friends unless I expressly authorize them to do so.

Consent to Automated Calls or Email

Patients of Lone Tree Pediatrics may be contacted via telephone, email and/or text messaging to remind patients of an appointment, to provide general health reminders/information and more. By signing this form, I acknowledge that I am giving permission for Lone Tree Pediatrics to use the information provided as part of the check-in process to telephone or email the patient.

Entry of any telephone contact number constitutes the patient's written consent to receive any automated, pre-recorded, and artificial voice telephone calls initiated by Lone Tree Pediatrics.

Entry of any email address constitutes the patient's written consent to receive emails initiated by Lone Tree Pediatrics.

To alter or revoke this consent, visit the Patient Portal "Contact Preferences."

Consent to Text

Consent to Text indicates the patient has agreed to receive automated text alerts or messages from Lone Tree Pediatrics on the patient's mobile phone. Depending on the features Lone Tree Pediatrics offers, text alerts may be about appointments, general health reminders/information and more.

To alter or revoke this consent, visit the Patient Portal "Contact Preferences."

Medication History Authority

To the extent available, Lone Tree Pediatrics may attempt to electronically obtain patient's prescription medication history through your pharmacy, health plan, insurance provider and/or prescription benefits service or other providers. By signing this form, you consent to Lone Tree Pediatrics obtaining your prescription history and to the electronic download of your medication history.

I understand that I may revoke this consent in writing. I agree that a copy of this consent may be used in place of the original. My signature below indicates that I understand and accept the content of this form. This form extends to subsequent visits and appointments with Lone Tree Pediatrics providers.

X _____
Parent/Guardian Signature