



# Lynn Keefe, MD

## pediatrics

2600 Partin Drive N Bldg. 300, Ste. 320  
Niceville, FL 32578  
850-279-6260

### CONSENT TO THE USE AND DISCLOSURE OF HEALTH INFORMATION FOR TREATMENT, PAYMENT, OR HEALTHCARE OPERATION

I understand that as a part of my healthcare, **Lynn Keefe MD, Pediatrics**, originates and maintains health records that describe my history, symptoms, examination, test results, diagnoses, treatment, and plans for future care or treatment.

I understand that these health records serve as:

- A basis for planning my care and treatment.
- A means of communication among the many health professionals who contribute to my care.
- A source of information for applying my diagnosis and surgical information to my bill.
- A means by which a third-party payer can verify that services billed were actually provided.

I understand and have been provided/offered a copy of the Notice of Information and privacy practices which provides a more complete description of information uses and disclosures.

I understand that **Lynn Keefe MD, Pediatrics** reserves the right to change its notices and practices.

If changes are made **Lynn Keefe MD, Pediatrics** will notify me. I may request restrictions in writing.

I understand and accept the above information.

\_\_\_\_\_  
Patient Name (Please Print)

/ /

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

Parents may be called to discuss my medical diagnosis and care:  YES  NO