

**GREEN MOUNTAIN PEDIATRICS**  
DR. DAN SCHLOEGEL AND DR. FRANCINE PASTON  
255 UNION BLVD., SUITE 120  
LAKEWOOD, CO 80228  
OFFICE 303 936-7415  
FAX 303 936-2177

**Consent for the Use or Disclosure of  
Protected Health Information**

March 2023

As required by the Health Information Portability and Accountability Act (HIPAA) of 1996, Green Mountain Pediatrics may not use your personal health information for the purposes of treatment, payment, or healthcare operations without your consent. The specific uses and disclosures that we intend to make are described in our Notice of Information Practices. Prior to signing this consent form, you have the right to review the Notice of Information Practices which is available in the office and online. You may request restrictions on the uses and disclosures described in the Notice of Information Practices or revoke this consent at any time by completing a Medical Record Restriction or Revocation Request form, which is available in the office and online.

I, \_\_\_\_\_, hereby consent to the use and disclosure of the personal health information of my dependent, \_\_\_\_\_, for the purposes of treatment, payment, and healthcare operations. My signature below indicates that I have been given an opportunity to read Green Mountain Pediatrics' Notice of Information Practices and to ask and receive answers to questions before signing.

I understand that I may request restrictions on the uses and disclosures of my dependent's health information at any time by completing and signing the restriction request section of this form. I further understand that Green Mountain Pediatrics is not required to accept my restriction request.

I understand that I may revoke this consent at any time by signing a Medical Record Restriction or Revocation Request form. I further understand that any such revocation does not apply to the extent that persons authorized to use or disclose my health information have already acted in reliance on this consent.

This authorization will expire when my dependent turns 18 years old, unless revoked or modified prior to that date, at which point their medical records will belong to them.

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Printed Name

Signature

Date

