

Katherine Peppers DNP, CPNP, CPMHS, PLLC
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Consent for Purposes of Treatment, Payment and Healthcare Options

I consent to the use or disclosure of my protected health information by Katherine Peppers DNP, PLLC for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct the health care operations of Katherine Peppers DNP, PLLC. I understand that diagnosis or treatment of me or my child by Katherine Peppers DNP, PLLC providers may be conditioned upon my consent as evidenced by my signature on this document.

I understand I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment or healthcare operations of the practice. Katherine Peppers DNP, PLLC is not required to agree to the restrictions that I may request. However, if Katherine Peppers DNP, PLLC agrees to the restriction that I request, the restriction is binding on Katherine Peppers DNP, PLLC and the associated providers.

I have the right to revoke this consent, in writing, at any time, except to the extent that Katherine Peppers DNP, PLLC providers have taken action in reliance on this consent.

My "protected health information means health information, including my demographic information, collected from me (for myself/my child) and created or received by my providers, another health care provider, a health plan, my employer, my child's school or a health care clearinghouse. This protected health information relates to my or my child's past, present or future physical or mental health or condition and identifies me or there is a reasonable basis to believe the information may identify me.

I understand that I have a right to review Katherine Peppers DNP, PLLC Notice of Privacy Practices prior to signing this document. The Katherine Peppers DNP, PLLC Notice of Privacy Practices has been provided to me. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills or in the performance of health care operations of Katherine Peppers DNP, PLLC. The Notice of Privacy Practices of Katherine Peppers DNP, PLLC is also provided at 3812 Rocking Robyn Run, Knightdale, NC, 27545. The Notice of Privacy Practices also described my rights and the Katherine Peppers DNP, PLLC duties with respect to my or my child's protected health information.

Katherine Peppers DNP, PLLC reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised notice of privacy practices by calling the office and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

Name of Patient: _____

Signature of Patient (>= 12 years): _____

Parent /Legal Guardian: _____

Date: _____