

Pediatric Group Associates, S.C.
1625 Avenue of the Cities, Moline, IL 61265
Phone: (309) 797-5437, Fax: (309) 797-3140
465 Avenue of the Cities, Suite 120, East Moline, IL 61244
Phone: (309) 755-6115, Fax: (309) 755-4112

Drs. Christopher S. Moen, Thomas J. Herr, Haile Neptune, Michael Schott,
Sandra J. Khoury, Anders Brodd, James Livermore

Welcome to Pediatric Group!

- Please fill out the enclosed information sheet and bring it with you when you come for your first appointment. Your appointment is scheduled as follows:

Bring your current insurance card. We will make a copy of it for the chart.

Before your first visit – verify your insurance coverage with your insurance company.

Is well care a covered benefit under your plan?

Are immunizations covered under your plan?

If either answer above is “no”, do these apply to your deductible?

- If you are transferring your child to us from another physician, **you** must request records from that physician be sent to us. Send them to:

Attention: Robyn, Medical Records
Pediatric Group Associates, S.C.
1625 Avenue of the Cities
Moline, IL 61265

- Call us before your child's appointment to be sure that the records have been received in our office. Our physicians will not see your child unless the records are here.
- Please arrive for your appointment 15 minutes prior to the scheduled time in order for your information to be processed.

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Anders J. Brodd, M.D.
James L. Livermore, M.D.

CONSENT FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION

Pediatric Group Associates (PGA) will obtain and maintain protected health information (PHI) pertaining to you as a patient of PGA. Please be advised that we will use and disclose your PHI as necessary, in order to treat you, receive payment for services and facilities provided to you, and for administration of our health care operations. PGA's ability to use a disclose a patient's PHI is more fully discussed in our Privacy Notice, which was provided to you upon commencement of your treatment, and which is posted in our office. Prior to signing this consent, you have the right to review that Notice. Please note that we have reserved the right to amend the Notice and we will provide you with a copy of such Notice or make copies of such notice available to you if it is materially amended in the future. We reserve the right to change our privacy practices.

As a patient of PGA, you have the right to restrict PGA's use or disclosure of your PHI for carrying out treatment, payment or health care operations; however, PGA does not have to agree with such restrictions. Nevertheless, if we agree to your restrictions, we agree to be bound by such restrictions.

Unless PGA has relied and acted upon your consent to use or disclose your PHI, you have the right to revoke this consent by providing PGA with a written revocation of consent. If you should have any questions regarding such consent, please contact Patrick Connolly, the chief privacy office of PGA at 678-832-1826.

If you agree to consent to our use and disclosure of your PHI for treatment, payment, and for purposes of health care operations, please execute where noted below.

Acknowledged and agreed:

Patient or representative

Dated: _____
