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HIPAA Privacy Act

As a Health Care Provider, Katharine Jeffcoat of Portland Pediatric Nutrition adheres to the "Health Insurance Portability and Accountability Act" Privacy Rule. Any information, which identifies a patient will be kept in a secure location and shredded when no longer needed. A patient or his/her legal representative (parent/legal guardian) must give signed consent for his/her information to be given to anyone else. As a Health provider, I will not disclose your name or any identifying information to anyone other than you or your legal guardian without your signed consent.

Consent for information disclosure My information may be sent to the following individuals:

Primary Healthcare Provider:

Name _____

Address (or office name) _____

Other **healthcare providers** that Portland Pediatric Nutrition has permission to share patient information with:

Name _____

Address: _____

Other: _____

Provider can leave health related message on my telephone voice mail: Yes/No

Provider can leave a message with another person who answers my phone : Yes/No

Provider can send health related information to me by email: Yes/No

Client/patient name : _____

Patient signature (if over 18) _____

Signature of legal representative/parent(if patient under 18 years)

Relationship of legal representative to patient _____

Date: _____