



GoldStar Pediatrics

Dr. Ritu Khullar MD, FAAP

GOLDSTAR PEDIATRICS

1340 NJ-34, Aberdeen Township 07747. Ph: (848)300 0010

Consent for Purposes of Treatment, Payment and Healthcare Operations

I consent to the use or disclosure of my protected health information by **GoldStar Pediatrics** for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of **GoldStar Pediatrics**. I understand that diagnosis or treatment of me by **Dr. Ritu Khullar, MD** may be conditioned upon my consent as evidenced by my signature of this document.

I understand I have the right to request a restriction as to how my protected health insurance is used or disclosed to carry our treatment, payment or healthcare operations of the practice. **GoldStar Pediatrics** is not required to agree to the restrictions that I may request. However, if GoldStar **Pediatrics** agrees to a restrictions that I request, the restriction is binding on **GoldStar Pediatrics**

I have a right to revoke this consent, in writing, at any time except to the extent that **Dr. Ritu Khullar or GoldStar Pediatrics** has taken action in reliance on this consent.

My protected health formation means health information, including my demographic information, collected from me and created or received by my physician, another health care provider, a health plan, my employer or a health care clearing house. This protected health information related to my 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.

Signature of Patient or Personal Representative	
Name of Patient or Personal Representative	
Date	
Description of Personal Representative Authority	
Name of the Patient	