



Consent Form (to be used for patients 18 and older)

In general, the HIPAA Privacy Rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). To help us protect your PHI please complete the form below.

Patient Name _____ Date of Birth _____

Emergency Contact

In the event of an emergency, I give Children's Medicine permission to contact the persons listed below.

Name _____ Relationship to patient _____ Phone Number: _____

Name _____ Relationship to patient _____ Phone Number: _____

Name _____ Relationship to patient _____ Phone Number: _____

Name _____ Relationship to patient _____ Phone Number: _____

Request Consent

I give permission for the persons listed below to request and/or pick up my child's forms, prescriptions, and other PHI.

Name _____ Relationship to patient _____

Name _____ Relationship to patient _____

Name _____ Relationship to patient _____

Name _____ Relationship to patient _____

Signature of Patient

Date

Printed name of Patient

Teen Contact Authorization

In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications of PHI be made by alternative means.

I, _____ wish to be contacted in the following manner regarding
(Print Patient Name)
my office visit on _____.
(Date of Service)

Please initial ALL that apply.

Cell Phone: _____

_____ Leave message with call back number only.

_____ Leave message with results/details.

If we may leave results/details with someone other than yourself, please initial and list below:

_____ (Name)

_____ (Name)

Home Phone: _____

_____ Leave message with call back number only.

_____ Leave message with results/details.

If we may leave results/details with someone other than yourself, please initial and list below:

_____ (Name)

_____ (Name)

_____ May mail to my home address on file.

Patient Signature: _____ Date: _____

***Form must be signed.**