



PRIVACY PATIENT CONSENT FORM

I understand that, under the Health Insurance Portability & Accountability of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan, and direct my child's treatment and follow up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain Payment from third party payers.
- Conduct normal healthcare operations, such as assessments and physical certifications.

I have been informed by you of your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my child's health information. I have been given the right to review such Notice of Privacy Practices from time to time and that I may contact this organization at any time to obtain a current copy of the Notice of Privacy Practices.

I understand that I may request in writing that you restrict how my child's private information is used or disclosed to carry out treatment, payment, or health care operations. I also understand that you are not required to agree to the requested restrictions but if you do agree, then you are bound to abide by such restrictions.

I understand that I may revoke this consent in writing at any time, except to the extent that you have taken action relying on this consent.

I authorize the following individuals to have access to my child's health information:

NAME

RELATIONSHIP

- 1. _____
- 2. _____
- 3. _____

Patient Name(s): _____

Relationship to Patient(s): _____

Printed Name (Guardian): _____

Signature (Guardian): _____

Date: _____

APPOINTMENT POLICY

As a courtesy, we will attempt to contact you to confirm your child's/children's appointment, however, we require that you assume responsibility for your child's appointment time. We require a 48 hour notice for any cancellation of appointment reschedules. A missed appointment fee of \$50 will be applied to the responsible party's account if there is less than a 48 hour notice. All appointments must be confirmed with the office within a week of the appointment in order to confirm it remains on the schedule.

I have read and accepted the appointment Policy

Printed Name: _____

Signature: _____

Date: _____