Authorization to Treat Patient in Absence of Parent/Guardian (for minors) or Disclose Health Information (for patients 18 years and older)

Patient's Name(s): ____________________________ ____________________________ ____________________________

I, ____________________________________ (patient, parent, or legal guardian), hereby authorize the following individuals

to be added to my or my child's account:

Authorized Parties:

Name: __________________________________

Phone Number: ____________________________

Relationship to Pt.: _________________________

Authorized for: □ Billing/Payments □ Treatment

□ Medical Records/Health Information Access

Name: __________________________________

Phone Number: ____________________________

Relationship to Pt.: _________________________

Authorized for: □ Billing/Payments □ Treatment

□ Medical Records/Health Information Access

Name: __________________________________

Phone Number: ____________________________

Relationship to Pt.: _________________________

Authorized for: □ Billing/Payments □ Treatment

□ Medical Records/Health Information Access

Name: __________________________________

Phone Number: ____________________________

Relationship to Pt.: _________________________

Authorized for: □ Billing/Payments □ Treatment

□ Medical Records/Health Information Access

By signing this form I understand that the above-named individuals will be authorized to have access to my or my child's protected health information and, in the case of minors, to accompany my child to office visits with the Children's Clinic providers, and to consent to the examination and/or treatment of my child during the office visits.

____ __________________

Signature of Patient, Parent, or Legal Guardian Date

This authorization:

□ Is effective only on ______________________________(month/day/year)

□ Is effective from ________________________ to _____________________ month/day/year.

□ Is effective until revoked by me in writing

I reserve the right to revoke this authorization at any time by writing to the Children's Clinic. I understand that my child (under 16 years of age) cannot attend his/her appointment without the accompaniment from the adult listed above.