

CONSENT TO HEALTH EVALUATION & MANAGEMENT

I consent to Grossmont Pediatrics (Dr. Bina Adigopula, Dr. Corrie Clay and Dr., Rina Ronquillo) and its appointed staff to perform the following healthcare actions on my child:

Name _____ DOB _____

1. Preventive Health Screening, Tests, Immunizations, Procedures and Vaccines.
2. Diagnosis and Treatment of health conditions, including prescription and administration of tests, medications, procedures and advice by the provider and qualified personnel.
3. Release of confidential medical records and screening tests to authorized entities, subject to necessity and HIPAA regulations.

I understand that information provided to authorized entities will be kept confidential per HIPAA guidelines.

Signature of parent and/or legal caretaker

Date

Print name of Parent or legal caretaker

I consent to Dr. Bina Adigopula and associate healthcare providers to perform following actions on my child:

Name _____ DOB _____

1. Adolescent vaccines, namely Menactra (MCV4), Gardasil (HPV) and TDap (Tetanus, Deiphtheria, Acellular pertussis).
2. Diagnosis and Treatment of health conditions, including prescription and administration of tests, medications, procedures and advice by the provider and qualified personnel.
3. Release of confidential medical records and screening tests to authorized entities, subject to necessity and HIPAA regulations.

I understand that information provided to authorized entities will be kept confidential per HIPAA guidelines.

Signature of parent and/or legal caretaker

Date

Print name of Parent or legal caretaker

REFUSAL OF CONSENT

Name _____ DOB _____

I declare that the provider has advised, and made me aware of the known risks associated with my refusing full consent related to my child's treatment at this office. I hereby **REFUSE** the following treatments and/or vaccines:

- Refusal to be treated per clinical guidelines recommended by the provider, specifically:

- Refusal to be administered AAP-recommended childhood vaccines, specifically:

Signature of parent and/or legal caretaker

Date

Print name of Parent or legal caretaker