

WEE PEDIATRICS, INC.

NEW PATIENT CONSENT TO THE USE AND DISCLOSURE OF HEALTH INFORMATION

I understand, with this signed consent, WPI may use and disclose my/my child's health information to carry out treatment, payment and healthcare operations. I understand as part of healthcare, WPI originates and maintains paper and/or electronic records describing my or my child's health history, symptoms, examination and test results, diagnosis, treatment, and any plans for future care or treatment. I have the right to review the Notice of Privacy Practice prior to signing this consent and I have been provided with a copy to read. WPI reserves the right to revise its Notice at any time and a copy can be obtained by any patient/parent by sending a request to our office.

I have the right to request that WPI restrict how it uses or discloses my/my child's healthcare information. However, the practice is not required to agree to the restrictions requested. I may revoke my consent in writing, except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, due to the restrictions on disclosure of healthcare information and its effect on the ability to perform diagnosis and treatment, WPI will be unable to provide treatment for me/my child. I understand that as part of Wee Pediatrics, Inc. treatment, payment or healthcare operations, it may become necessary to disclose my protected health information to another entity, and I consent to such disclosure for these permitted uses, including disclosure via fax.

If you are unavailable we would like to be able to leave a detailed telephone message (i.e. lab results) when possible. In order to protect your privacy we need your written permission to leave a detailed message on your answering machine, voice mail system or with a trusted family member. It should be noted that our current privacy practice does allow us to call you with a courtesy reminder regarding any upcoming appointment(s). If you would like us to leave a message for someone other than yourself, please indicate the individual by name and phone number in the space below. This will remain in effect until you rescind it in writing. **This does not give the individual below the right to access patient medical information – it is strictly to leave a message with this designated individual. IF you would like to delegate another individual to have unrestricted access to your medical record and the information contained therein – please add a note to the bottom of this page in your own handwriting and sign it. This permission is also revocable with written request from you at any time.**

Answering machine #: _____

Mom cell phone #: _____

Dad cell phone #: _____

Other phone number #: _____

I DO NOT CONSENT to have detailed messages on my phone or answering machine or with any member of my family. (Initials _____)

BE SURE YOU HAVE READ AND UNDERSTAND EVERYTHING ABOVE BEFORE SIGNING THIS FORM

By signing this form you verify that you read and understand all of the above policies and procedures and will abide by them. You also verify that you have received/read a copy of the Notice of Privacy Practices of this Medical Practice and been afforded the opportunity to have any questions answered.

Signature

Name of Patient

Relationship to Patient

Printed Name

Date of Birth of Patient

Date form Signed

WPI Witness Signature

Date

Witness Printed Name

CONSENT to TREATMENT of a MINOR

Please list the name(s) of those who are authorized to bring your child to the doctor (for **SICK** visits only not **PHYSICALS**) other than Parent/Legal Guardian.

I, (print name) _____, do hereby state that I am the natural parent or legal Guardian having legal custody of (print name) _____ DOB: ____/____/____.

I authorize and give permission to the person(s) listed below to seek medical treatment (**sick visit ONLY**) for the above named child.

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Signature: _____

Date: _____

Parent / Legal Guardian