



"That's What We Do"

Notice of Privacy Practices

I, the undersigned, do hereby confirm that I have been given access to and have received a copy of Caring For Kids Pediatrics, PA HIPPA Notice of Privacy Practices. I understand that I am entitled to receive a copy of this document.

*Custodial Parent or Legal Guardian

Date

Consent For Treatment

I, the undersigned, state that I am the legal custodial parent or legal guardian of the child named below and do hereby agree and give my consent for Caring For Kids Pediatrics, PA to furnish medical care, to treat the child, and to have his digital image recorded.

Childs Name *DOB*

In addition, I give permission for the persons designated below to bring my child to Caring For Kids Pediatrics for treatment, and acknowledge that this designation will remain in effect until I give written notice of any change in designee.

Name of Other Responsible Guardian

Relationship to Patient

Name of Other Responsible Guardian

Relationship to Patient

*Custodial Parent (1) or Legal Guardian

Date

Consent For Release of Information

In addition, I give permission to Caring For Kids Pediatrics, PA to disclose medical and appointment information – in verbal, electronic, and document form – from my child's medical record to the persons designated below:

Childs Name *DOB*

Name of Person to Receive Information

Relationship to Patient

Name of Person to Receive Information

Relationship to Patient

*Custodial Parent or Legal Guardian

Date