OFFICE USE ONLY

Patient Number: _____

Date of Birth: _____

Date Received Notice: _____

Pediatrics South

Acknowledgement of Receipt of Privacy Notice and Confidentiality Form

Patient Name: _____

Legal Guardian(s): _____

Please Note Relationship to Patient: __ Parent __ Stepparent __ Grandparent__ Foster Parent

Other (explain) _____

***Note: You must provide a copy of your court document appointing custody/guardianship**.

Please list the family members or other persons, if any, whom we may inform about your child's general medical conditions/test results/emergency condition.

_____Phone#_____Relationship_____
_____Phone#_____Relationship_____
_____Phone#_____Relationship_____

**I am fully aware that a cell phone is not a secure and private line*

May we leave a message regarding appointment reminder at all phone numbers that you have listed on our registration form?

Yes _____ No _____

If **no**, please list the phone number where we can contact you. _____

May we leave a message at all phone numbers that you have listed on our registration form if we need to contact you with regard to your child's medical test's results?

Yes _____ No _____

If **no**, please list the phone number where we can contact you. _____

May a staff member, triage nurse or physician leave a message for you to return their call on a voice mail system, an answering machine, or person if you are not available?

Yes _____ No _____

May we fax your child's pertinent medical information to other physician's offices or other medical facilities when medically necessary?

Yes _____ No _____

May we fax or mail your child's medical information to daycare facilities, insurance companies or schools?

Yes _____ No _____

***Please list any other restrictions regarding release of medical records**.

***Note: You must provide a copy of your original court order to honor certain restriction requests**.

_____

_____ _____ _____

Parent /Guardian Printed Name **Signature** **Date**

*I acknowledge that I received the Notice of Privacy Practices for Pediatrics South.
(Future changes to this form must be submitted in writing.)