



COMMUNICATION CONSENT

It is the policy of Pediatric Health Associates to obtain consent to communicate a patient's protected health information to someone other than a parent or legal guardian. We will not release protected health information to a home telephone, answering machine, work telephone, voicemail cellular phone or pager unless authorized. When we return telephone calls and an answering machine picks up, we will not leave a message if the name, telephone number or recorded message does not identify the residence. Information will not be left with an unauthorized person who may answer your telephone. When notifying a patient in writing, the address provided on the patient's registration form will be used unless instructed otherwise.

Child's Name: _____ Birthdate: _____

I authorize Pediatric Health Associates to leave protected health information pertaining to my child's care by the following methods and will assume responsibility to notify the office whenever this information changes. I acknowledge that this consent can only be amended or rescinded by me in writing.

ORAL COMMUNICATION:

- | | | | |
|-------------------|------------------------------|-----------------------------|---------------|
| Home Telephone | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Number: _____ |
| Answering Machine | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Number: _____ |
| Work Telephone | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Number: _____ |
| Voice Mail | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Number: _____ |
| Cellular Phone | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Number: _____ |
| Pager | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Number: _____ |

Please list authorized personal representative names:

WRITTEN COMMUNICATION:

The following written communications are sent to the address provided on the registration form unless specified otherwise.

- Appointment Reminder Cards
- Billing Statements
- Business Correspondence
- Normal Test Results

 Patient/Guardian/Personal Representative Signature
 Validated for one year after date signed

 Date
 Expires on: _____