

SNELLVILLE PEDIATRICS, PC

Patient Privacy Act Notice



HIPAA is an acronym for the Health Insurance Portability and Accountability Act of 1996. In compliance with HIPAA, Snellville Pediatrics, PC requires the following information to be filled out for every child.

Unless authorized on this form, it is our policy *not* to release personally identifiable information on any home, cell, or work phone (including voicemail). Additionally, we require an identifying message on any voicemail that *may* be authorized before we leave personal information. Our office will call to confirm existing appointments, but will follow the above rules should any voicemail need to be left.

Please complete the following sections to authorize the ways in which we can release your information.

Childs Full Name

Date of Birth

Phone

I may be reached at the following numbers and assume responsibility to notify Snellville Pediatrics, PC should this information change:

Home Telephone: _____

Voicemail: Yes ___ No ___

Work Telephone: _____

Voicemail: Yes ___ No: ___

Cell Phone: _____

Voicemail: Yes ___ No: ___

Physicians, Hospitals, Pharmacies

I, _____ (_____), hereby authorize Snellville Pediatrics, PC and staff
Name Relationship

to fax or mail medical information pertaining to the above listed children to a referral physician, pharmacy, or hospital and will assume responsibility to notify the office should this information change.

Other Authorized Persons

The following people may accompany your child to our office, discuss your child’s medical care, and assume medical decision making in your absence:

Name and Relationship:

Contact Phone Number

Acknowledgement

I have been informed that a copy of Snellville Pediatrics, PC Notice of Privacy Practices is posted in the office. A copy will be furnished to me upon my request.

Signature

Relationship to Patient

Date

I authorize Snellville Pediatrics, PC to use the above listed information to release my child’s medical information. I assume responsibility to notify the office should any of this information change.

Signature

Relationship to Patient

Date