



Privacy Practice Release

Due to Federal privacy regulations, we must have your authorization as to where to leave messages. It is our office policy to **NOT** release confidential and/or unauthorized information by home telephone, answering machine, work telephone, voice mail, and/or cell phone.

Whenever we return telephone calls if the answering machine picks up we will not leave a message **IF** the name or telephone number is not on the recorded message to identify the residence. We may simply request that you return the call. Information will **NOT** be given to any unauthorized person who may answer the phone.

I authorize appointment confirmations, rescheduling of appointments or nurse follow-up phone calls to be made to the following numbers:

Home telephone _____ Mom cell phone _____
Dad cell phone _____ Other _____

Clown Pediatrics, PC has my permission to use my child's photo in their office, on their website, or on their Facebook page.

Yes _____ No _____

If there are any changes to the above authorization it is the parent's responsibility to notify the office of those changes. I understand that this would require me to fill out a new form. I have the right to review the Notice of Privacy Practices prior to signing this consent.

Parent/Guardian Signature

Date

Child's Name