



Privacy Practice Release

Due to Federal privacy regulations, we must have your authorization as to where to leave detailed messages containing Protected Health Information (PHI). 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 detailed message containing PHI **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 and texts to be made to the following numbers:

Home phone _____

Mom cell phone _____

Dad cell phone _____

Patient cell phone _____

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

Please check mark: _____ Yes or _____ 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.

Signature

Relationship to Patient (Parent/Guardian/Self if 18+)

Patient's Name

Date