

Permission Regarding Communication And Treatment

Patient Name: _____

Date of Birth: _____

The following individuals will be added to the HIPAA Communication Section of the chart. I acknowledge that I have already signed permission to release information as specifically stated on the designated section of the electronic chart and these stated methods will apply to these additional individuals.

Name of Individual: _____

Relationship to Patient: _____

Telephone Number: _____

Name of Individual: _____

Relationship to Patient: _____

Telephone Number: _____

I, the undersigned parent/guardian of the above-named patient hereby empower and grant permission to the above-named individuals to give consent to and authorize medical treatment. This authorization will include all medical treatments and procedures, and access to applicable medical information unless specifically indicated below.

This authorization shall be valid for the period of time commencing on _____ and ending on _____. I do hereby indemnify and hold harmless the physicians and other persons who act in reliance upon this authorization.

Executed this _____ day of _____, _____.

 Parent/Guardian

 Witness

Excluded Treatments, Procedures, and medical information:

