

Tuxedo Pediatrics PLLC, Dr Janice Montague
Consent to Treat/Medical Record Handling/Privacy

I, _____, the parent/legal guardian of the below named child(ren)

| Name of Child | Date of Birth | Name of Child | Date of Birth |
|---------------|---------------|---------------|---------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

hereby authorize and consent to the examination/treatment of my child(ren) during office visits with Dr Janice Montague and staff of Tuxedo Pediatrics. In addition, I give permission for the following adults, over age 18 years, to bring my child(ren) to Dr Janice Montague and staff for care and treatment in my absence for sick visits only, but a parent/legal guardian must be present for all well child checkups/physicals. In the event of an emergency or other illness, I understand that Dr Janice Montague and staff will deliver any medical care necessary regardless of accompanying adult. Unless informed in writing, this office will assume that a child's biological and/or legal parents are both legal guardians who can make medical treatment decisions and have access to medical information for that child.

Name: _____ Relationship _____
 Name: _____ Relationship _____

Medical Records/Privacy

Tuxedo Pediatrics is committed to protecting the security and privacy of your child(ren)'s medical information. Medical records are the property of Tuxedo Pediatrics, kept on a secure online server and are accessed only for purposes outlined by the *Notice of Privacy Practices* (available for your review). Records may be released or shared with other healthcare providers for treatment of your child with a signed NYS HIPAA release form. By signing below you agree to the following:

- I have been offered review of *Notice of Privacy Practices* from Tuxedo Pediatrics.
- I understand that Tuxedo Pediatrics may call my home or work for healthcare reasons, appointments and to discuss billing issues.
- I understand that Tuxedo Pediatrics may use postcards as appointment reminders.
- I understand that Tuxedo Pediatrics may fax immunization records, school excuses, physical/sports forms and medication instructions and other information to my personal or work fax, school or daycare fax, camp fax, or other joint healthcare partner's fax.
- I understand that Tuxedo Pediatrics may leave messages on my answering machine regarding limited lab results, appointments or other reminders.
- I understand that Dr Janice Montague and staff may discuss patient information with adults or other minors present in the exam room during the treatment appointment.
- **I understand and agree to all of the above unless I strike through any of above statements.**

 Signature of Parent/Legal Guardian _____
Date