

**The Pediatric Group, PLLC**

**RECEIPT OF NOTICE OF PRIVACY PRACTICES WRITTEN ACKNOWLEDGEMENT FORM  
18 years old+ Patient**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

I have received a copy of The Pediatric Group, PLLC's Notice of Privacy Practices.

\_\_\_\_\_  
Signature of Patient 18 years+ Date

**INSTRUCTIONS REGARDING LEAVING REMINDER CALLS ON HOME MESSAGE RECORDER**

I  give permission  do NOT give permission

to the physicians or staff members of The Pediatric Group, PLLC to leave a message(s) on my home recorder for the purpose of reminding me that my child/ren has/have an scheduled appointment.

**INSTRUCTIONS REGARDING LEAVING HEALTH CARE INFORMATION ON HOME MESSAGE RECORDER**

I  give permission  do NOT give permission

to the physicians or staff members of The Pediatric Group, PLLC to leave a message(s) on my home recorder for the purpose of informing me of medical information about my child/ren, including results of diagnostic tests, specialists' impressions, and/or other medical information necessary for the continuing care of my child/ren.

**INSTRUCTIONS REGARDING PROVISION OF IMMUNIZATION RECORDS WITHOUT WRITTEN AUTHORIZATION**

I  give permission  do NOT give permission

to the physicians or staff members of The Pediatric Group, PLLC to provide a copy of my child's immunization record (only) to any person or facility I designate via a telephone call to the practice. I understand that this authorization replaces a written authorization for each specific release.

**THE FOLLOWING NAMED INDIVIDUALS MAY RECEIVE INFORMATION ABOUT MY CHILD'S HEALTH CARE/CONDITION (Please include both parents if applicable)**

Name	Relationship	Email Address	Phone#
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_  
Signature of Patient 18 or older Date

**\*\*Please note: If you want to allow your parents to request information on your behalf, YOU MUST list them on this form. We can NOT provide any information unless you give written authorization prior to their request.**