



Consent for Contact

In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications or that a communication of the PHI be made by alternative means, such as sending correspondence to the individual's office instead of their home.

1. I wish to be contacted in the following manner:

First Contact Name _____ Relationship: _____

First Contact Number _____ cell home work *It is NOT ok to leave a message with details*

Second Contact Name _____ Relationship: _____

Second Contact Number _____ cell home work *It is NOT ok to leave a message with details*

2. Alternate contact authorization - if desired for grandparents, nanny/babysitters or patient's parents if patient is > 18 years old:

I give authorization to Oak Park Pediatrics to discuss/leave a message regarding the information below with the person listed here:

Name: _____ Relationship to patient: _____

Number: _____

Scheduling appointments

Appointment reminders

Account information such as billing/amount due

Treatment/test results

Note: the following information will only be disclosed if specifically checked below:

Behavioral/Mental Health Information can be discussed

Drug/alcohol diagnosis, treatment and referral information can be discussed

Information about sexually transmitted diseases can be discussed

Birth control can be discussed

Pregnancy can be discussed

HIV/AIDS related health information can be discussed

3. Authorization:

Patient/Child Name (print): _____ Date of Birth: _____

Patient/Child Name (print): _____ Date of Birth : _____

Patient/Child Name (print): _____ Date of Birth: _____

Patient/Child Name (print): _____ Date of Birth: _____

Parent Name (print): _____

Signature of parent or patient (if over 18): _____ Date: _____

4. My email address: _____