ENT CARE for kids

Privacy authorization

The following are acceptable means of contacting me:

By phone at _____ Is a detailed message acceptable? ☐ Yes ☐ No

By email at _____ Is a detailed message acceptable? ☐ Yes ☐ No

By mail at _____ Is a detailed message acceptable? ☐ Yes ☐ No

We are bound by law not to discuss your child's condition with others unless authorized by you in writing. If you wish others to be able to obtain medical information regarding your child, please list those individuals below. This authorization will remain valid until revoked by you in writing.

Name _____ Relationship _____

This individual may also obtain medical treatment for my child: ☐ Yes ☐ No

Name _____ Relationship _____

This individual may also obtain medical treatment for my child: ☐ Yes ☐ No

Name _____ Relationship _____

This individual may also obtain medical treatment for my child: ☐ Yes ☐ No

I have been offered a copy of the privacy practices for ENT Care for Kids, which is also available on our website at www.entcareforkids.com.

_____ _____

Signature of patient, parent or legal guardian Date