



Consent for Alternate Caregivers

(This is for nanny, private sitter, extended family member, or friend who might bring your child in for an office visit.)
In my absence, I hereby give my consent to the following individuals to consent to medical treatment for the foregoing child. I understand the caregiver will be required to show photo ID, have current insurance information and co-payment due for each visit. I also understand it is my responsibility to notify PediPlace in writing, should the caregiver contact(s) change.

_____/_____/_____
Patient Name Date of Birth

_____/_____
Caregiver Name #1 Relationship Caregiver Name #2 Relationship

Parent/Guardian Signature Parent/Guardian Name Printed Date

Consent to Medical Treatment of a Minor

I do hereby give permission to PediPlace and its physicians, nurse practitioners, physician assistants or their designee(s) to examine and treat my child as is necessary in their judgment. I voluntarily consent to procedures which include but may not be limited to diagnostic evaluation, medical or surgical treatment, or other forms of necessary treatment. I also acknowledge that the practice of medicine is not an exact science and no guarantees have been made to me as the result of treatments, procedures or examinations by PediPlace. I further understand that all options will be discussed prior to the administration of such treatments, procedures or examinations.

Parent/Guardian Signature Parent/Guardian Name Printed Date

Acknowledgment of Receipt Privacy Practices Notice

I hereby acknowledge that I have reviewed a copy of the office's Notice of Privacy Practices, which explains:

- How this office will use and disclose my protected health information.
- My privacy rights with regard to my protected health information.
- The office's obligations concerning the use and disclosure of my protected health information.

I understand that the Notice of Privacy Practices may be revised from time to time and I may receive a copy upon request.

I also acknowledge that if I have any questions or complaints, I may contact:

Privacy Officer, Siobhan Vandiver
972.436.7962

Parent/Guardian Signature Name Printed Date

Witness Signature (for office use only)