

PATIENT CONTACT INFORMATION UPDATE

Today's Date: _____

Name of Child: _____

Date of Birth: _____

Circle where appropriate:

(Circle) Biological OR Adoptive Parent #1: (please print) _____ Mother Father

(Circle) Biological OR Adoptive Parent #2: (please print) _____ Mother Father

Legal Guardian #1: (if not parent) _____ Relationship to patient: _____

Legal Guardian #2: (if not parent) _____ Relationship to patient: _____

If you are not the biological or legally adoptive parent of the above child, do you have legal paperwork allowing you to make decisions for this child? Yes No

*Please note: Our staff will not get involved in any custody issues. If a legal guardian designates a step-parent or other person to bring the child to our practice for treatment, we will treat the child.

Contact Information for your Child's Medical Record:

We will be implementing automated text message confirmations in the future. You may 'opt out' at any time if you receive this message, or by updating your HIPAA privacy preferences. Please see the front desk to 'opt out'.

Please list one MAIN contact number for staff to use for routine issues (including ALL appointment reminders) below, and one ALTERNATE.

MAIN Contact Phone Number (For confirmations - text or voice) () _____ - _____

Mobile? Landline? To whom does it belong? Mother Father Other _____

Alternate Phone Number (Must be authorized to receive information) () _____ - _____

Mobile? Landline? To whom does it belong? Mother Father Other _____

The incidental release of information could occur during routine and necessary communications between staff and other contacts listed in the patient's file if a phone call regarding patient care is necessary. This information could be related to appointment scheduling / cancellations / confirmations, billing issues, or a return call regarding a medical issue. Please note that both biological / legal parents are given access to patient records and information REGARDLESS of custody unless a legal order exists that restricts contact with or about the child.

Signature of parent / guardian: _____