

Ashe Pediatrics PLLC

Sheila Driver PNP-BC (ANCC), AE-C

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Due to the nature of your child's health and well-being, sometimes issues might arise when the provider needs to speak with someone other than the caregiver, such as the child's teacher or school nurse. By signing this form, you are giving permission for the provider to speak with the person listed on this form.

Consent to Disclose Personal Health Information

I, _____, authorize Sheila Driver, PNP to disclose
(Parent name) *(Provider)*

the personal health information of _____ consisting of:
(Child's name)

Physical Health Emotional health Educational performance including attendance

All the above Other _____

to _____
(Print name and address of person requiring the information, ie school or daycare)

I understand the purpose for disclosing this personal health information to the person noted above. I understand that I can refuse to sign this consent form or revoke at any time.

Parent/Guardian Name: _____

Relationship: _____

Parent/Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Provider: Sheila Driver PNP-BC Date: _____

Sheila Driver, PNP-BC, AE-C

***Please note: A substitute decision-maker is a person authorized under PHIPA, (Personal Health Information Protection Act) to consent, on behalf of an individual, to disclose personal health information about the individual.**