

**Healthy Starts Pediatrics, PC
HIPAA PRIVACY CONTACT INFORMATION
Signature required upon check-out.**

All children listed below must reside with and have the same guardianship and HIPAA Preferences or they must be on a separate sheet.

Patient Name: _____ DOB: _____

Patient Name: _____ DOB: _____

Patient Name: _____ DOB: _____

Patient Name: _____ DOB: _____

Patient Name: _____ DOB: _____

Address of above patients: _____
Street
City
State
Zip

Please circle your selections below: (you must have legal guardianship of all children listed to complete this form)

Which of the following methods of contact do you authorize?	For Appointment Messages	With Medical Information / Results
On Home Phone (including automatic calls)	Yes No	Yes No
On Cell Phone (including automatic calls)	Yes No	Yes No
Texts on Mobile Device (currently not active)	Yes No	Yes No
On your work voicemail ?	Yes No	Yes No
With another person (listed below)	Yes No	Yes No
Via US Postal Mail ?	Yes No	Yes No
Email via patient portal (currently not active)	Yes No	Yes No
Fax Immunizations or School Health Assessments to child's school upon School's request	Yes No	

***Please list one emergency contact below in the event there is a health issue with guardian accompanying child to visit.**

Name: _____ **Relationship:** _____ **Contact #:** _____

Please list names and relationship of everyone for whom you authorize for the services below:

***Note that you must be a legal guardian or parent in order to complete this form.**

Name	Relationship to child	Phone number	Accompany Child to appointments/Authorize vaccines & medical care		May Contact our office regarding appointments & medical care	
			Yes	No	Yes	No

Main contact phone # for texts or mobile phone confirmations/ medical info: _____

This Authorization and above preferences are effective _____ and will remain in effect until revoked by me in writing.

Date

Name of person completing this form: _____ **Relationship:** _____

***I have read the Privacy Practices Notice for Healthy Starts Pediatrics. (A copy is available upon request**

X _____ / _____
Signature of Parent / guardian
Date Completed