

Athens Kids Specialists, PC

1500 Oglethorpe Ave, Suite 100
Athens GA 30606
Tel 706-543-9899/Fax 706-613-3995

Permission to bring a patient
HIPPA Privacy Consent

Patient's Name: _____ DOB: _____

Patient's Name: _____ DOB: _____

Patient's Name: _____ DOB: _____

Our Notice of Privacy Practice states we may disclose your child's protected health information(PHI) to others who are involved in the pt's care such as parents, caregivers or other.

List anyone you would authorize us to share or discuss the patients PHI. This could be medical treatment, diagnosis, appointments, billing or releasing of records.

Name: _____ Relationship to patient: _____ Tel#: _____

Name: _____ Relationship to patient: _____ Tel#: _____

Name: _____ Relationship to patient: _____ Tel#: _____

Name: _____ Relationship to patient: _____ Tel#: _____

Please be aware that the people listed above will be exposed to the patient's personal information and have to be older than 18 years.

Parent/Guardian Signature

Date