



North Atlanta
Pediatric
associates

The Commons at Lake Hearn
Suite 100
1100 Lake Hearn Drive
Atlanta, GA 30342
404-256-3178 - Phone
404-256-3583 - Fax

Patient Agreement For Communications

We are committed to protecting the privacy of our patients. Therefore, we will not give test results, medical information, financial information, or other private health information to anyone other than the patient or guardian nor leave messages about test results on voicemail or answering machine without your permission.

You may contact me at the phone number(s) listed below with test results and other medical information. I have checked the number I prefer you call. If no numbers are listed, we will only call the primary number listed in our records.

☐ Home _____ ☐ Work _____

☐ Cell _____ ☐ Other _____

Patient Name (printed)	Date of Birth	Parent or Patient Signature (if 18 or older)	Date
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Patient Name (printed)	Date of Birth	Parent or Patient Signature (if 18 or older)	Date
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I authorize North Atlanta Pediatric Associates to communicate with the following person(s) on my behalf. I authorize the individual(s) listed below to seek and obtain treatment for my child / children. This authorization will continue until revoked in writing by me and supersedes all previous notifications.

Name/Relationship/Phone	Information to Provide (circle)
_____	Medical/Financial
_____	Medical/ Financial
_____	Medical/ Financial
_____	Medical/ Financial

Parent or Patient Signature (if 18 or older) Date