

# Snake River PEDIATRICS

Infants, Children, & Adolescents

## Patient Registration Disclosures and Consents

Patient Name: \_\_\_\_\_ DOB \_\_\_\_\_

### **Authorization to Release Non-Public Personal Information**

I certify that I have received and read a copy of the Snake River Pediatrics, PC Patient Information Privacy Policy. I hereby authorize Snake River Pediatrics, PC providers to individually release any of my own or my dependent's medical or incidental nonpublic personal information that may be deemed necessary for medical evaluation, treatment, consultation or for the processing of insurance benefits.

### **Authorization to Mail, Call or E-Mail**

I certify that I understand the privacy risks of mail, phone calls, and e-mails. I hereby authorize a representative of Snake River Pediatrics, PC to mail, call, or e-mail me with communications regarding my healthcare or my dependents healthcare, including but not limited to such things as appointment reminders, referral arrangements, and laboratory results. I understand that I have the right to rescind this authorization at any time by notifying Snake River Pediatrics, PC to that effect in writing.

### **Lab, X-Ray or Diagnostic Services**

I understand that I may receive a separate bill if my medical care includes lab, x-ray, or other diagnostic services that were not performed by the providers or staff at Snake River Pediatrics, PC. I further understand that I am financially responsible for any co-pay or balance due for these services if they are not reimbursed by my insurance for whatever reason.

### **Consent to Treatment**

I hereby consent to evaluation, testing and treatment as directed by Snake River Pediatrics, PC and its providers.

### **Acknowledgement of Notice of Privacy Practices**

I have been given the opportunity to read and/or receive a copy of the Notice of Privacy Practices for the office of Snake River Pediatrics, PC, detailing how my information may be used and disclosed as permitted under federal and state law.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Relationship \_\_\_\_\_

Snake River Pediatrics, PC | 840 SW 4<sup>th</sup> Ave Ste. 105 | Ontario OR 97914 | 541-216-6556 | [www.snakeriverpediatrics.com](http://www.snakeriverpediatrics.com)