Patient's Name___________________________ Chart #__________

TRIANGLE PEDIATRIC CENTER

Acknowledgement of Receipt of Notice of Privacy: I have been informed there is a copy of Triangle Pediatric Center's Notice of Privacy Practices available on their website www.tripeds.com or in the office upon request.

_______________________________________ ____________________ ______________

Signature of Patient/Parent/Guardian **Relationship to Patient** **Date**

Consent for Your Child's Caretakers to Seek Medical Care and access to Personal Health Information (PHI): If someone you have entrusted with the care of your minor child (such as a Grandparent, Nanny, siblings, or other adult) brings your child to the office and asks for the child to be treated, we will act as if you personally had consented to treatment for your child. Any Protected Health Information (PHI) that results from this visit will be treated the same as PHI that results from a visit at which you are present. This means that we will proceed to do a medical history, perform an appropriate examination, and treat the child as if you were present. We will order tests as appropriate and provide recommended immunizations if the caretaker consents to this. This also means that the caretaker will have access to PHI that results from this visit and have access to any other PHI that we may need to use to appropriately care for your child. Triangle Pediatrics prefers that a parent be present for all well visits and visits for ongoing medical issues (ex. ADHD).

First Name, Last name	Relationship to patient

- **<u>I GIVE CONSENT</u>** To Treatment and to Release of PHI to the following people listed above:

____ _________________

Signature **Date**

- **<u>I DO NOT GIVE CONSENT to ANYONE</u>** To Treatment and to Release of PHI**:**

____ _________________

Signature **Date**

Consent for your Teenagers to Seek Medical Care:

If a teenage minor (typically a child who can drive alone) comes to our office alone and asks to be treated, we will proceed with treatment. Any PHI that results from this visit will be treated the same as PHI that results from a visit at which you are present. This means that we will proceed to do a medical history, perform an appropriate examination, and treat the child as if you were present. We will order tests as appropriate and provide recommended immunizations if the minor consents to this. Triangle Pediatrics prefers that a parent be present for all well visits and visits for ongoing medical issues (ex. ADHD).

- **<u>I GIVE CONSENT</u>** to Treatment**:** __________________________________ ___________________

Signature **Date**

- **<u>I REFUSE to Consent</u>** to Treatment**:** ________________________________ ___________________

Signature **Date**