ALL STAR PEDIATRICS
...where every child is a star.

702 GORDON DRIVE ● EXTON, PENNSYLVANIA 19341
(610) 363-1330 ● (610) 524-8574

ADD AN AUTHORIZED REPRESENTATIVE

Signed forms can be emailed to forms@allstarpeds.com

PLEASE PRINT

Step 1: Patient Name: _____ Date of Birth: _____

Step 2: Please list anyone (other than parent(s) or legal guardian(s)) authorized to be your representative and bring your child(ren) to appointments:
I understand I can change or revoke the below authorization at any time but I can't change or revoke names given by another parent.

Name _____

Relationship to Patient(s) _____ Phone (_____) ____-_____

Name _____

Relationship to Patient(s) _____ Phone (_____) ____-_____

Step 3: CONDITIONS OF AUTHORIZATION

I have the right to revoke this authorization at any time by writing to the Privacy Officer at All Star Pediatrics at the above address and revoking my permission. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
I understand that signing this form is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
Information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by Federal or State privacy regulations.

_____ _____

Patient/Guardian Signature *Date*