



PERMISSION REGARDING COMMUNICATIONS / HIPAA FORM

I give permission to the Elmwood Pediatric Group staff to communicate information regarding medical care and appointments relating to:

Patient Name: _____	Date of Birth: _____
Patient Name: _____	Date of Birth: _____
Patient Name: _____	Date of Birth: _____
Patient Name: _____	Date of Birth: _____

The communication can be delivered by the following (Please ✓ the box if permissible):

<u>Appointment Message</u>		<u>Medical Information</u>		
Home Phone	<input type="checkbox"/>	Home Phone	<input type="checkbox"/>	Home #: _____
Mobile Phone	<input type="checkbox"/>	Mobile Phone	<input type="checkbox"/>	Mobile #: _____
Mobile Text	<input type="checkbox"/>	Mobile Text	<input type="checkbox"/>	
Work Phone	<input type="checkbox"/>	Work Phone	<input type="checkbox"/>	Work #: _____
With Another person	<input type="checkbox"/>	With Another person	<input type="checkbox"/>	
Send via Mail	<input type="checkbox"/>	Send via Mail	<input type="checkbox"/>	
Send via Portal	<input type="checkbox"/>	Send via /Portal	<input type="checkbox"/>	

I give permission to the Elmwood Pediatric Group staff to discuss with the following listed individual(s), information reasonably deemed to be directly related to such individual's involvement on the above referenced patients' health care: (examples: Grandparents / Relatives / Babysitters / Step-Parents, etc.)

Name: _____	Name: _____
Relationship to patient: _____	Relationship to patient: _____
Phone #: _____	Phone #: _____
 Name: _____	 Name: _____
 Relationship to patient: _____	 Relationship to patient: _____
 Phone #: _____	 Phone #: _____

I understand that I may change the above information at any time by sending my written request to my physician. Any change requested does not affect any communication previously made in reasonable reliance on this form. I have had the opportunity to receive and read the Elmwood Pediatric Group Notice of Privacy Practices.

_____ Parent / Legal Guardian (Print Name)	_____ Parent / Legal Guardian (Signature)	_____ Date
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