

COMMUNICATION CONSENT

Quakertown Pediatrics

Please list all of your children who are our current patient

Child's Name _____ DOB: _____

Child's Name _____ DOB: _____

Child's Name _____ DOB: _____

Child's Name _____ DOB: _____

It is the office policy of Quakertown Pediatrics and staff not to release confidential and/or unauthorized information by home telephone, answering machine, work telephone, voice mail, and/or cell phone. If we call a patient and the answering machine picks up, we will leave a message as you have directed below. Also, information will not be left with any unauthorized persons who may answer the telephone.

What is your **preferred method of communication** for confidential information: (please check one)

Preferred Phone _____ Email Letter Patient Portal Other _____

I authorize Quakertown Pediatrics and/or their staff to contact me and/or leave messages as I have directed below. I will assume the responsibility to notify the office whenever this information changes.

Please list phone number:

May we leave a message?

Home Telephone _____

yes no

yes no

Mom Cell _____

yes no

yes no

Dad Cell _____

yes no

yes no

Work Number _____

yes no

yes no

E-mail _____

yes no

Exchange clinical information with other Physicians

yes no

Emergency contact person: _____

H# _____ W# _____ C# _____

HIPPA Permission to Communicate regarding appointments and/or billing/insurance issues, please complete the following:

Name/Relationship	Phone Number	Restrictions
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

***PLEASE NOTE:** This office does not guarantee appointment reminder calls.

It is the patient's responsibility to maintain his/her appointment schedule _____

Initial

Cancellation of an appointment must be made at least **24 hours** prior to the scheduled time or will be subject to a late cancellation fee. Appointment cancellation messages can be left with out 24 hour answering service. Missed appointments will also be subject to a missed appointment fee. _____

Initial

Parent's Name _____

Signature _____ Date: _____