



# WATCHUNG PEDIATRICS



[www.watchungpediatrics.com](http://www.watchungpediatrics.com)

## CONSENT TO DISCUSS MEDICAL INFORMATION AND PROTECTED HEALTH INFORMATION OF A PATIENT UNDER 18 YEARS

Patient Name (please print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Patient Name (please print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Patient Name (please print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Patient Name (please print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

With prior consent, I authorize Watchung Pediatrics to discuss my child(ren)'s medical information as follows (Initial all that apply):

- Immunization records to be released by fax or mail to: \_\_\_\_\_ School      \_\_\_ Other
- Treatment plans (i.e.: Medication, asthma, epi-pens, etc.) to be disclosed to: \_\_\_\_\_ School      \_\_\_ Other
- Labs and test results \_\_\_\_\_ School      \_\_\_ Other
- Other (Specify): \_\_\_\_\_

**I authorize the following people to bring my child(ren) in for treatment at Watchung Pediatrics.**

_____	_____
Name of Person	Relationship
_____	_____
Name of Person	Relationship
_____	_____
Name of Person	Relationship

I understand that as part of this organization's treatment, payment, or health care operations, it may become necessary to disclose my protected health information to another entity. I hereby acknowledge receipt of Watchung Pediatrics "Notice of Privacy Practices" and consent to such disclosure for these permitted uses. I also hereby consent to such disclosures via fax.

**I fully understand and accept the terms of this consent.**

_____	_____
Print Name	Signature
_____	_____
Date	Parent Cell Phone #

**I understand that I may revoke this consent at any time and I must notify Watchung Pediatrics in order to revoke the consent.**

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**REVOKE CONSENT**

*(Do not sign below unless you are revoking the above consent)*

I hereby revoke the above consent effective immediately. I understand that revoking this consent means that my medical information and protected health information will no longer be discussed or disclosed (released) to the above individuals and that a new consent will need to be completed if this changes.