

COMMUNICATION AUTHORIZATION

Because of Federal Privacy Regulations, we must have your authorization as to where to leave messages. It is our office policy to NOT release confidential and/or unauthorized information by home telephone, answering machine, work telephone, voicemail, and/or cell phone. Whenever returning telephone calls and the answering machine picks up, we will not leave a message *if* the name or telephone number is not on the recorded message to identify the residence. We may simply request that you return the call. Information will also NOT be given to any unauthorized person who may answer the telephone.

I authorize the physicians of Witham Pediatrics and/or staff to leave medical information pertaining to the care of my child(ren) on an answering machine or voicemail at the following numbers and will assume responsibility to notify them whenever this information changes. In upcoming appointments, rescheduling of appointments or nurse follow-ups may be left at the following numbers:

<u>Method</u>	<u>Number w/ Area Code</u>	Yes ___ No ___
Home Telephone	_____	Yes ___ No ___
Work Telephone	_____	Yes ___ No ___
Cell Phone	_____	Yes ___ No ___
Other: _____	_____	Yes ___ No ___

The following individuals have my/our permission to receive medical information about my/our child(ren) and/or are authorized to bring my child(ren) in for appointments:

Name	Relationship/Phone

Should a photo or school picture of my child(ren) be brought in, the office has my permission to display this picture on the office wall. Yes ___ No ___

If there are any changes to the above authorizations, it is the parent's responsibility to notify the office of any changes.

Child's Name: _____	Date of Birth: _____
Child's Name: _____	Date of Birth: _____
Child's Name: _____	Date of Birth: _____
Child's Name: _____	Date of Birth: _____
Child's Name: _____	Date of Birth: _____

Parent/Guardian: _____ Date: _____
(PRINTED)

Parent/Guardian: _____ Date: _____
(SIGNATURE)