Print Form

Wee Care PEDIATRICS

"For Parents Who Care to Give the Best"

Practice Policies Consent Form

Patient's Name: _____ Patient's Date of Birth: ___/___/___

I have read, and I understand, the practice policies of Wee Care Pediatrics. I agree to be bound by those policies. I understand and agree that said terms might be changed by Wee Care Pediatrics as deemed necessary.

_____ Initials

I hereby assign to Wee Care Pediatrics all payment for medical services rendered to my child. Further, I understand that I am responsible for all charges incurred at Wee Care Pediatrics not covered by my insurance. I authorize Wee Care Pediatrics to provide information to insurance carriers concerning my child's illnesses and treatments.

_____ Initials

I authorize Wee Care pediatrics to render medical care and treatment, either routine or emergency, including physical examination and immunization administration. This consent covers today and any and all future visits or appointments I may schedule with the health care providers at Wee Care Pediatrics. I acknowledge that no guarantees have been made as to the effect of any examination or treatment of my child's (or children's) condition(s).

_____Initials

I acknowledge that I have received a copy of Wee Care Pediatrics "Notice of Privacy Practices". This notice describes how Wee Care Pediatrics may use and disclose my child's protected healthcare information and rights I may have regarding my child's protected health information.

_____ Initials

_____ _____/_____/_____

Signature of Patient's Representative Date

_____

Relationship to Patient

Scan: Medinotes\Patient View\Name of Patient\Multimedia\Authorization: (type in Pt. Inf.) This page to be scanned with Pt. Pages 1 and 3 altogether