MAIN STREET
PEDIATRICS

AUTHORIZATION AND CONSENT FORM

Date: _____

Patient's Name: _____

_____

Patient Date of Birth: _____

Guarantor's Name: _____

I hereby authorize payment directly to Main Street Pediatrics for the surgical and/or medical benefits, if any, otherwise payable to me for his/her services. I understand that I am fully responsible for charge payment if not covered by my insurance carrier and for any copays and coinsurance amounts, which are due at the time of service. If collection becomes necessary, the undersigned shall pay all costs including certified letter, collection agency and attorney fees.

AUTHORIZATION: I authorize Main Street Pediatrics to supply my child's daycare, school, team sports or camp requested immunization information and lead results. I authorize Main Street Pediatrics to use any telephone numbers or addresses given to them for contact purposes regarding appointments, treatment and results. I may authorize, in writing, for you to give our other protected health information. Please see the Notice of Privacy Practices for additional information regarding authorizations.

CONSENT TO REVIEW AND RELEASE INFORMATION: I hereby give consent to Main Street Pediatrics to review and possess all medical records and information, and to disclose protected health information for treatment, payment and health care operations, consistent with state and federal regulations and ethics requirements. Please refer to the Notice of Privacy Practices for a more complete description of uses and disclosures. I have the right to review the Notice of Privacy Practices prior to signing this consent. The practice reserves the right to change the Notice of Privacy Practices and any changes will be available at our office. I have the right to request you to restrict how my protected health information is used or disclosed. The practice is not required to agree to the requested restriction. However if we agree, the restriction is binding on Main Street Pediatrics. I may revoke the consent in writing, except to the extent Main Street Pediatrics has already acted upon the consent.

I have received a copy of Main Street Pediatrics' Notice of Privacy Practices.

_____ _____

Signed (patient/parent/legal guardian) Date