BATAVIA
PEDIATRICS PC

47 BATAVIA CITY CENTRE
BATAVIA, NY 14020
P: (585) 343-2611
F: (585) 343-3826

CONSENT

TO OUR PATIENTS:

COPIES OF BATAVIA PEDIATRIC'S PRIVACY PRACTICES ARE AVAILABLE FOR YOU TO READ IN OUR WAITING ROOM AND PAPER COPIES ARE AVAILABLE FROM THE RECEPTIONIST IF YOU WISH TO KEEP ONE.

I consent to have Batavia Pediatrics, PC use and disclose my protected health information for payment, treatment and health care operations and for such purposes allow under federal and state law.

I have been given a copy of the HIPPA Privacy Notice describing how I may use it and my rights under it.

Patient's Name: ______________________________ **DOB** ________________

Parent's Signature
or Legal Guardian: ____

Today's Date: ____________________

***Person(s) other than parents and relationship to patient* with permission to authorize child's medical treatment and to receive medical record information:

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