



**Consent for Information**

**Date:** \_\_\_\_\_

Patient Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

I give permission for Next Generation Pediatrics to VERBALLY discuss the following medical and billing information regarding the above named child. (check all that apply)

- \_\_\_ Scheduling/ Appointment Information
- \_\_\_ Medical Information
- \_\_\_ Behavioral Health Information
- \_\_\_ Test Results
- \_\_\_ Billing and Payment Information
- \_\_\_ Permission to Accompany to Appointment

**Next Generation Pediatrics has my permission to discuss the above information with:**

1. Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Relationship to Patient \_\_\_\_\_

2. Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Relationship to Patient \_\_\_\_\_

*I understand that I may cancel this permission at any time by writing to Next Generation Pediatrics however; cancelling it will not affect any information that has already been released.*

Printed name (Parent or Guardian) \_\_\_\_\_

Signature (Parent or Guardian) \_\_\_\_\_