



All About Kids Pediatrics

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Consent to Treat Minor Children

I, _____, parent or legal guardian of _____, born on ___/___/___, do hereby consent to any medical care determined by the provider to be necessary.

This authorization is effective beginning: ___/___/___.

Signature of Parent or Legal Guardian: _____

Acknowledgement of Receipt of Notice of Privacy Practices

I have received a copy of the office's Notice of Privacy Practices. For future reference, our privacy policy is available on our website. www.allaboutkidsgeorgia.com

Patient Name: _____

Signature or Parent/Legal Guardian: _____

Date: _____

*If the acknowledgment is signed by a personal representative on behalf of the patient, please complete the following:

Personal Representative's Name: _____

Relationship to the Patient: _____

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice or Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barrier prohibited obtaining acknowledgement
- An emergency situation prevent us from obtaining acknowledgement
- Other (please specify)