



All About Kids Pediatrics

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Authorization to Release Information to Family Members

Many of our patients all family members to call and request medical or billing information. Under the requirements of HIPAA we are not allowed to give this information to anyone without the patient's consent. If you wish to have your medical or billing information released to family members you must sign this form. Signing this form will only give consent to release this information to the family members indicated below. This consent form will not allow All About Kids Pediatrics to release any other information to these family members.

You have the right to revoke this consent. Please do so in writing.

I authorize/allow All About Kids Pediatrics to release m medical and/or billing information to the following:

Name

Relation to Patient

Name

Relation to Patient

Name

Relation to Patient

Authorization to leave message with household members/answering machine

Occasionally is it necessary for the staff at All About Kids Pediatrics to leave messages for patients. The purpose of these messages is to remind patients that they have an appointment, to notify the patient that the medical staff would like to discuss test results or follow up, or to ask a patient to call regarding an issue or concern. At no time will a representative or All About Kids Pediatrics discuss you medical condition without your consent.

The purpose of this consent is to leave a message with members of your household or on your answering machine. You have the right to revoke this consent. Please do so in writing.

Patient Name

Parent/Legal Guardian Signature

Date