

CAROLINA PEDIATRICS OF THE TRIAD, PA

Permission to Disclose PHI

Patient Name: _____ Date of Birth: _____ Patient #: _____

The person(s) listed below:

- Are allowed to receive patient health information about the above named patient
- Are allowed to consent to the evaluation, treatment, lab tests, and vaccinations for the above named patient
- Please include the name(s) of each parent and/or legal guardian

Telephone:

Primary Contact Number _____ Belongs to? _____

Secondary Contact Number _____ Belongs to? _____

You may leave messages with a person or voicemail at the above numbers

You may text the above phone numbers

Sensitive patient information is never left on a voicemail or sent via text message

Patient portal/Email:

Please register the above named patient for the patient portal and informational email messages. Please use the following email address(es):

Email _____ Belongs to? _____

Email _____ Belongs to? _____

**Patient information can only be sent via the patient portal, never email. **

Print: _____ Signature _____

Relationship to patient: ___ Self ___ Mother ___ Father ___ Legal guardian

Nondiscrimination statement: Carolina Pediatrics of the Triad, PA complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 336.574.4280.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 336.574.4280