

# FINANCIAL POLICY & CONSENT TO TREAT

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name & Number of Pharmacy: \_\_\_\_\_, (\_\_\_\_)\_\_\_\_-\_\_\_\_, Zip Code \_\_\_\_\_

Race: \_\_\_\_\_ Language: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

**CONSENT TO PERMIT INDIVIDUALS OTHER THAN PARENTS TO ACCOMPANY CHILDREN FOR TREATMENT**  
(authorize nanny/grandparent/step-parent/sitter to accompany child(ren) to Heights Pediatrics, P.C. for the provision of medical services and to view/discuss child's protected health information.) Please list all names of individuals allowed to bring in your child(ren).

Name(s): \_\_\_\_\_

These individuals are able to authorize procedures such as (check categories):

Immunizations  Lab Orders  X-Rays  In-house (strep test, RSV test, flu test, urine test, etc.)

Name(s): \_\_\_\_\_

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Immunizations  Lab Orders  X-Rays  In-house (strep test, RSV test, flu test, urine test, etc.)

**\*USE THE FORM BELOW IF YOUR CHILD IS ALLOWED TO COME TO OUR OFFICE ON THEIR OWN.**

**CONSENT TO TREAT UNACCOMPANIED MINOR AT HEIGHTS PEDIATRICS, P.C.** (Request and authorize Heights Pediatrics, P.C. and its personnel to deliver medical care, this includes routine immunizations, in house lab work and treatments to my MINOR CHILD).

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Last name, First Name Date of Birth

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Last name, First Name Date of Birth

I/we may be reached at the following telephone numbers during my child(ren)'s appointment:

Name: \_\_\_\_\_ Phone:(\_\_\_\_)\_\_\_\_-\_\_\_\_

Name: \_\_\_\_\_ Phone:(\_\_\_\_)\_\_\_\_-\_\_\_\_

®I have received a copy of the HIPAA, Financial Policy & Consent to treat form.

®For healthcare operations, we may use and disclose protected health information for our health care operations, including but not limited to the Dept. of Health immunization registry, health insurance quality review, etc.

®I have read and understand this office policy and agree to comply and accept the responsibility for any payment due.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Entered by Staff Member: \_\_\_\_\_