

BRYN MAWR PEDIATRICS
Consent to Treat/ Medical Records/ Privacy
18 years & older

I, _____, hereby authorize and consent to the examination and/or treatment during office visits by the physicians and clinical staff of Bryn Mawr Pediatrics.

By signing below, I authorize Bryn Mawr Pediatrics to release my medical and billing information to:

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

If there is ever a change in this request, please notify the staff of Bryn Mawr Pediatrics.

By signing below, I authorize the following individuals to request appointments, refill prescriptions, pick up prescriptions on my behalf:

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Medical Records/Privacy

At Bryn Mawr Pediatrics, we are committed to protecting the security and privacy of your personal information. Medical records are the property of BMP, kept in a secure location, and are accessed for only purposes outlined by the *Notice of Privacy Practices*. Records may be released or shared with other health care providers for your treatment. Patients are entitled to a copy of their medical records only after an authorization for release is signed.

I have received a copy, or been made aware I may have access of a copy, of the updated Notice of Privacy Practices from Bryn Mawr Pediatrics.

I understand that BMP may call my home or cell for healthcare reasons, appointment reminders and to resolve billing issues.

I understand that BMP may use postcards to notify me of appointments or other pertinent information.

I understand that BMP may fax immunizations, school excuses, physical/sports forms, and/or Medication instructions to my personal or work fax, or may mail to my home.

I understand that BMP may leave messages on my answering machine regarding appointments and limited lab information.

I understand and agree to all of the above unless I strike through one of the statements.

Signature of Patient

Date

Phone number of Patient