

# Estrella Pediatrics, P.C.

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

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

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

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

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

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

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

## CONSENT FORM FOR MEDICAL CARE

The following people have my permission to authorize medical treatment if I am not available to give my consent. I understand that it is the parent's responsibility to notify Estrella Pediatrics of any changes with the list of authorized caregivers in writing.

1. Name \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

2. Name \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

## AUTHORIZATION FOR TEST RESULTS

**We must call you at times to give you what is classified as protected health information. Please let us know how we can contact you with this information and if we can leave a message.**

Can we leave detailed or confidential messages (including normal/abnormal results) on your Primary Telephone Number?

Yes \_\_\_\_\_ No \_\_\_\_\_ Primary Telephone: \_\_\_\_\_

Can we leave detailed or confidential messages (including normal/abnormal results) on your Alternate Telephone Number?

Yes \_\_\_\_\_ No \_\_\_\_\_ Alternate Telephone: \_\_\_\_\_

Can we send brief messages, such as appointment reminders or contact us, via text messaging?

Yes \_\_\_\_\_ No \_\_\_\_\_ Text SMS Number: \_\_\_\_\_

You are consenting to receive messages from us, your healthcare provider, that utilizes an automatic telephone dialing system to deliver a text, voice, or pre-recorded message that may contain health related information or healthcare management advice at the telephone number(s) that you have provided. You understand that you are not required to provide consent in order to receive such information or advice from your healthcare provider.

**By signing this agreement, I acknowledge it is my responsibility to inform Estrella Pediatrics, P.C. of any change in information.**

→ \_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

→ \_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship