HIPAA Authorization Form for Parents

Child's full name: ____

Child's date of birth: ____

Child's age: ____

Child's current address: ____

Father's full name: ____

Father's current address: ____

Father's contact information: ____

Mother's full name: ____

Mother's current address: ____

Mother's contact information: ____

We, ______________________ and ________________________, make an oath and say that we are the lawful guardians of the child listed above, and there are no court orders now in effect that would prohibit us from conferring the power to consent upon another person.

We understand that under the Health Insurance Portability & Accountability Act of ____ *[HIPAA]*, we have certain rights to privacy regarding my minor child's protected health information. We understand that this information can and will be used to:

- Conduct, plan, and direct our child's treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly or indirectly
- Obtain payment from an insurance company.
- Conduct normal healthcare operations such as quality assessments and physician certifications.
- Remind us of upcoming appointments, treatment options, or alternatives

We have been given a copy of Notice of Privacy Practices by _________________________________. It contains a more complete description of the uses and disclosures of my minor child's health information to review prior to signing this consent. We understand that this office has the right to change its Notice of Privacy Practices at anytime and that we may contact this office at any time to obtain a current copy.

[Healthcare professional or provider's name]

____

[Address]

____

[Address]

____

[Contact information]

____

Child's full name: ____

Date of birth: ____

Signature of the father: ____

Father's full name in print: ____

Signature of the mother: ____

Mother's full name in print: ____

We, ______________________________ and _______________________ authorize the following person(s) to have access to the information covered under the Privacy Practice regarding my minor child.

Example (Grandparent, Step-parent, Adult sibling, Aunt/Uncle)

Print Name: ____________________________ Relationship: ____________________

Print Name: ____________________________ Relationship: ____________________

Print Name: ____________________________ Relationship: ____________________

Father's signature: ______________________ Date signed: _______________

Mother's signature: ______________________ Date signed: _______________