

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: _____