THH PEDIATRICS
TENDER HEARTS & HANDS

Authorization for Non-Parental/Guardian Legal Adult

You may elect to provide THH Pediatrics written authorization to disclose your minor child's protected health information to anyone that you designate, such as a family member or personal representative. That designee may also have your permission to bring in your minor child for office visits in your absence. If you choose to authorize a Legal Adult to bring your child/children in to see one of our providers and make medical decisions in your absence, please complete the form below.

Patient Name: _____ Date of Birth: _____

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I request and authorize THH Pediatrics to permit my child/children, to be seen by a THH Pediatrics provider with the following legal adult present:

Legal Adult Name: _____ _____
Please give relationship to patient

Legal Adult Name: _____ _____
Please give relationship to patient

Legal Adult Name: _____ _____
Please give relationship to patient

Legal Adult Name: _____ _____
Please give relationship to patient

I understand that I have the right to revoke this authorization at any time by giving THH Pediatrics written notice prior to any services. I understand that a revocation is not effective in cases where the Legal Adult has previously been present for a visit, but will be effective going forward. I also understand that information used or disclosed as a result of this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal or state law.

I understand that I have the right to refuse to sign this authorization and that my treatment will not be conditioned on signing. This authorization shall be in effect until revoked by the parent or patient.

Signature: _____ **Date:** _____

Phone #: _____ Relationship to Patient: _____

Date Authorization Revoked: _____

Parent/Guardian/Patient Signature: _____

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