

Greenwood Pediatrics HIPAA

Patient Name & Date of Birth

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I authorize Greenwood Pediatrics to give access to (list yourself): *specify birth mother, stepparent, grandparent, etc.*

Name: _____ **relationship to patient:** _____

- Okay to contact by phone at: _____ Email: _____
- Make medical decisions regarding care for patient
- Access to medical and financial records
- Make/Change appointments
- Contact regarding test results

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- I understand Greenwood Pediatrics uses E-Prescribe (*prescriptions are sent to the pharmacy by secure email*)
- I understand Greenwood Pediatrics sends appointment reminders by text to my listed cell phone (*standard text rates may apply*)
- I understand if I chose to change any information listed above I must prepare and present written notice to Greenwood Pediatrics
- I understand Greenwood Pediatrics participates in Health Information Exchange (HIE).
HIE provides a way to securely and effectively share patients' clinical information electronically with other health care providers that participate within the HIE network. HIE enables emergency medical personnel and other treating providers immediate access to medical information that may be critical to the patient's health care. HIE can also help reduce your costs by eliminating unnecessary duplication of tests and procedures. You may choose to opt-out of participation at any time.

I acknowledge I have read and understand Greenwood Pediatrics Notice of Privacy Practices

Printed Name: _____ Relationship to patient: _____

Signature: _____ Date: _____

OFFICE USE ONLY

Documentation of Good Faith Effort

The patient's guardian was present in the office on _____ and was provided with a copy of the Notice of Privacy Practices. A good faith effort was made to obtain from the patient's guardian a written acknowledgment of their receipt of Notice. However, such an acknowledgment was not obtained because:

- Patient's guardian was unable to sign or initial because: _____
- Patient's guardian refused to sign

Signature of GWP Representative: _____ Date: _____