Cradle thru College Care
Pediatrics

Acknowledgement of Notice of Privacy Policy

Patient's Name _____ Date of Birth ____/____/____
Patient's Name _____ Date of Birth ____/____/____
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Patient's Name _____ Date of Birth ____/____/____

I hereby acknowledge that I have been made aware of Cradle Thru College Care's *Notice of Privacy Practices.*

_____ Mother / Father / Self / Other
Printed name of Patient or Legal Representative Relationship to Patient (circle one)

_____ _____
Signature of Patient or Legal Representative Date

I hereby acknowledge that listed individuals may inquire about medical care for the above named patient. This includes scheduling or cancelling appointments and receiving and discussing testing and/or treatment. The authorization will remain in effect until Cradle Thru College Care is notified, in writing, by the patient or legal representative.

1. _____ _____
   Name Relationship to Patient
2. _____ _____
   Name Relationship to Patient
3. _____ _____
   Name Relationship to Patient

I hereby authorize that messages may be left, either on an answering machine, voicemail, or with another person, at the following numbers, regarding appointments or the need for Cradle Thru College Care to reach the patient regarding medical issues.

1. (____) _____-_____ Home / Cell / Work _____
   Phone Number Type (circle one) Relationship to Patient
2. (____) _____-_____ Home / Cell / Work _____
   Phone Number Type (circle one) Relationship to Patient
3. (____) _____-_____ Home / Cell / Work _____
   Phone Number Type (circle one) Relationship to Patient

I have completed this form fully and completely and certify that I am the patient or duty authorized agent of the patient. I understand that even though I may have insurance coverage, I am responsible for the payment of any and all services. I agree to give Cradle Thru College Care timely updates of insurance coverage.
I authorize all payment of medical benefits directly to Cradle Thru College Care.

_____ _____
Signature of Patient or Legal Representative Date