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Acknowledgment of Receipt of Notice of Privacy Practices:

I have received this office's Notice of Privacy Practices, which explains how my child(ren)'s medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

_____ (Signature)

PATIENT PRIVACY QUESTIONNAIRE:

1. Please list the family members or other persons, if any, whom we may inform about your child/children's general medical condition and diagnosis (including treatment, payment, and health care operations):

2. Please list the family members or other persons, if any, who have your permission to bring your child/children.

3. Please list the family members or other person, if any, whom we **may not** inform about your child/children's general medical condition and diagnosis (including treatment, payment, and health care operations) :

4. Please print the telephone number where you want to receive calls about your child/children's appointments, lab, x-ray results, Insurance and Billing matters, and other health care issues: _____. If there is an alternate number please print it here: _____. Please be aware messages will be left on voice mail or answering machine unless otherwise directed.
I AM FULLY AWARE THAT A CELL PHONE IS NOT A SECURE AND PRIVATE LINE.
5. Can confidential messages including but not limited to appointment reminders be left on your telephone answering machine or voice mail? ___yes ___no

Signature of parent/legal guardian _____
Name: _____

Date: _____
Legal Relation to child(ren) _____

List name(s) of child(ren) covered by this form:

Release of Records:

I authorize the release of Routine Childhood Immunization Records, sports forms and camp forms to Schools, day care and camps.

Signature of parent/legal guardian _____
Name: _____

Date: _____
Legal Relation to child(ren) _____

Permission to Display Photos:

I authorize and allow Maple Avenue Pediatrics, P.A. to display pictures of my children that I send to them in form of birth announcements, Holiday cards, and calendar forms to be posted on our family photo boards. ___yes ___no

Signature of parent/legal guardian _____
Name: _____

Date: _____
Legal Relation to child(ren) _____