

# Cartersville Pediatric Associates, P.C.

## Confidentiality Notice

It is important for us to honor the confidentiality between patient and physician. Therefore, we ask that you provide us with any names of family members or another party that you authorize us to discuss your child's medical care or concerns with, should we be contacted by them.

Note that by law it is a requirement that we release requested medical information to your insurance company, i.e., Medicare, Medicaid, Social Security Administration or any other federal, state or government request.

Patient's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

### PLEASE CHECK YOUR PREFERENCE BELOW

\_\_\_\_\_ You may discuss my child's medical concerns only with me.

\_\_\_\_\_ It is permissible to discuss my child's medical information or concerns with the following people should they contact my physician.

1) \_\_\_\_\_ Relationship \_\_\_\_\_

2) \_\_\_\_\_ Relationship \_\_\_\_\_

3) \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ You may leave information on my telephone answering machine if needed.

I understand that I can and will provide a written request to change the above authorized information or contacts. Such written requests will note specifically with whom my child's physician may discuss his/her medical care.

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

### Office Location:

**Cartersville Pediatric Associates at Cartersville**  
970 JF Harris Parkway, Suite 350 · Cartersville, Georgia 30120

**Cartersville Pediatric Associates at Lake Pointe**  
3950 Cobb Parkway, NW, Suite 701 · Acworth, GA 30101