



MINOR (under 18) Patient Communications Agreement

We are committed to protecting the privacy of our patients. Therefore, we will not give test results, medical information, appointment information, financial information, or other private health information to anyone other than the patient or guardian nor leave messages about test results on voicemail or answering machine without your permission.

I, _____, understand that as part of pediatric care of my
(Parent/Guardian Name)

child/children listed below:

(Patient Name and DOB)

(Patient Name and DOB)

(Patient Name and DOB)

(Patient Name and DOB)

You may contact me at the phone number(s) listed below with test results and other medically necessary information. I have checked the number I prefer you call. If no numbers are listed, we will only call the primary number listed in our records.

I hereby authorize Kids First Pediatric Group, LLC (KFPG) to contact me in the following ways:

(Check all that apply)

- Home Phone: _____ Leave voice mail? Yes No
- Cell Phone: _____ Leave voice mail? Yes No
- Other Phone: _____ Leave voice mail? Yes No

My child's condition and medical information may be discussed, as checked below, with the following person(s) on my behalf:

1. Name/Relationship to Minor(s) _____
 Full Access/No Limitations Appointment Access Only Rx Refill Request/Pick-up
2. Name/Relationship to Minor(s) _____
 Full Access/No Limitations Appointment Access Only Rx Refill Request/Pick-up
3. Name/Relationship to Minor(s) _____
 Full Access/No Limitations Appointment Access Only Rx Refill Request/Pick-up

I understand that Kids First Pediatric Group, LLC will use the minimum necessary information needed when communicating indirectly. I understand that I have the right to revoke or amend this agreement at any time. Any revocation or change will not apply to any communications already completed. I understand that Kids First Pediatric Group, LLC will not share this information with any third-party vendors or parties at any time.

Parent/Guardian's Signature

Date