Premier Pediatric Associates

DECLINATION TO USE OR DISCLOSE INFORMATION FOR PATIENTS 18 YEARS & OLDER

PATIENT NAME_____ **CHART#**_____

DATE OF BIRTH:_____

I do not wish for any of my medical (medical records, diagnosis, treatment, etc.) or financial information to be discussed with or released to anyone other than myself. I understand that I will be listed as the Responsible Party on my account with Premier Pediatrics and will be financially responsible for all charges incurred. I also understand that no one will be allowed to schedule appointments or receive medical advice on my behalf.

_____ _____

Signature of Patient **Date**

FOR OFFICE STAFF USE ONLY

If patient signs the Financial Declination, they must be listed as the Responsible Party on the account and the following must be done:

(Check off that these items have been completed)

_____ New Patient Information Sheet completed

_____ New Responsible Party Statement signed by the patient

_____ Email A/R Manager to notify that patient needs to be listed as RP. A/R Manager will make changes & put flags on account.

_____ Put signed declination, Patient Information Sheet and Responsible Party Statement in the scan box to be scanned into the patient's chart.

Completed by _____ _____
Initials Date