

Southlake Pediatrics, Inc.  
5000 Southlake Park, Suite 250  
Birmingham, AL 35244  
(205) 982-2500  
(205) 982-2574

**Alternative People  
Communication Authorization Form**

Patient name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Patient name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Patient name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Patient name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

When it comes to your child(ren)'s medical treatment, we strive to communicate with you in as timely and professional a manner as possible. There are certain occasions when family members, friends, or others might be involved in your child(ren)'s care as a patient and you will want our office to be able to communicate directly with them. In order to protect the privacy of your child(ren)'s personal health information, please share with us the names of any other people with whom we can discuss your child(ren)'s care and share your child(ren)'s protected health information.

*Please list below any other people, other than yourself and your spouse, with whom you authorize our office to discuss aspects related to your child's care. In the instance where the child is from a divorced family, unless otherwise noted in the divorce papers, both parents retain the right as parents to receive communication regarding their child's medical condition or records.*

Name: \_\_\_\_\_ Relation to patient: \_\_\_\_\_ Ph# \_\_\_\_\_

Name: \_\_\_\_\_ Relation to patient: \_\_\_\_\_ Ph# \_\_\_\_\_

Name: \_\_\_\_\_ Relation to patient: \_\_\_\_\_ Ph# \_\_\_\_\_

Name: \_\_\_\_\_ Relation to patient: \_\_\_\_\_ Ph# \_\_\_\_\_

Are we authorized to communicate your child(ren)'s medical treatment with your emergency contact located on the patient demographic sheet? Yes \_\_\_\_\_ No \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_