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Privacy Practices

I (We) _____ authorize Baker Pediatrics, LLC to deliver medical services

To my child (children) _____.

I/We also authorize the following people to bring my child for treatment:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

ACKNOWLEDGEMENT OF PRIVACY PRACTICES (COPY AVAILABLE UPON REQUEST & FOUND ON WEBSITE)

I hereby acknowledge that I reviewed or received a copy of the medical practice's Notice of Privacy and I may request a copy of any amended Notice of Privacy.

Signed _____ Date _____