



Privacy Practices

I (we) _____ authorize Baker Pediatrics, LLC to deliver medical services to my child(children)

I (we) authorize the following people to bring my child in for treatment:

Name:

Relationship:

Name:

Relationship:

Name:

Relationship:

Acknowledgment of Privacy Practices

(copy available upon request and found on the website)

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

Signature: _____

Printed Name: _____

Date: _____