



## Privacy Practices

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

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**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: \_\_\_\_\_