4000 Pine Lane
Bessemer, AL 35022
Ph: 205-271-0899
Fax: 205-263-9509

200 Riverhills Business Park
Suite 250
Birmingham, AL 35242
Ph: 205-995-0899
Fax: 205-995-0451

Growing Up PEDIATRICS, P.C.

# PATIENT CONTACT INFORMATION SHEET

**Patient Name**:_____

**Social Security Number**:_____

Any physician, staff, employee or representative of Growing Up Pediatrics, P.C has my permission to discuss my (or my child's) account and medical conditions which may include symptoms, treatments, diagnosis, test results, medications or any other type of protected health information with the following persons in order to facilitate and coordinate my care, treatment and payment:

| Name | Relationship | Phone Number(s) |
|---|---|---|
| Name | Relationship | Phone Number(s) |
| Name | Relationship | Phone Number(s) |
| Name | Relationship | Phone Number(s) |

I understand that authorizing the release of information to the above individual(s) is voluntary and does not affect access to treatment. I can refuse to sign this form. I can revoke it by writing to Growing Up Pediatrics, P.C or completing a new form at any time. This authorization will remain in effect until I change or revoke it. I understand that if information is shared with the above individuals it may be subject to redisclosure by the individual(s).

Signature: _____Date: _____

Relationship_____

❑ Copy given to patient

Print Form  Clear Form  Save Form