

# 3<sup>rd</sup> Party Designee

Patients Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Parent/guardian: \_\_\_\_\_ Parent/guardian: \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

We realize that it is sometimes hard for parents to get off work to bring children to doctors appointments. Please take a few minutes to list 3 people, in parent/guardian absence, which may:

1. Bring your child/children to their appointments
2. May have access to your child/childrens protected health information
3. May be notified of appointments if we are unable to reach the parent or guardian
4. May be able to pick up any medications or samples designated for the child

1. \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

2. \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

3. \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**South Charleston Pediatrics WILL leave messages to remind parents/guardians of upcoming appointments, referrals, x-ray and lab results, billing issues, and any other correspondence the office feels is necessary. We will leave messages on any of the above listed phone numbers if we need to reach a parent/guardian. If you would not like a message left, you must give descriptive information on what you would like:**

\_\_\_\_\_

**\*By signing below I am aware that a cellular phone is not a secure & private line\***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_