



PEDIATRIC ASSOCIATES AT ARGYLE, P.A.

Authorization by Patient, Parent or Legal Guardian for Another Person to Bring Child to Physician's Office and Access to Protected Health Information (PHI).

Parent / Legal Guardian must provide permission/authorization letter to bring their child to the office and consent to medical treatment including immunizations. If the patient is 18 years of age or older, the patient must sign the form allowing a parent or legal guardian to have access to their PHI.

For Immunizations, we require that one of the parent must accompany their child.

Upon Check-in, they need to present the following (This is valid on the day of visit only):

1. Parent / Legal Guardian's authorization letter to bring their child to the office and consent to medical treatment including immunizations.
 - On the letter, parent / legal guardian must indicate the full name of the representative and relationship to their child/children.
 - Must indicate the name/s of the child/children.
 - Parent / legal guardian must sign the letter (indicate their full name)
2. Copy of Parent / Legal Guardian ID (Identification Card).
 - ID must have Picture, Address, Date of Birth and Signature
3. ID of the representative
 - ID must have Picture, Address, Date of Birth and Signature

For 18 and above, patient must provide signed authorization letter allowing their parent or legal guardian to have access to their PHI.

- Indicate patient's full name
- Indicate parent or legal guardian full name

Submit the Authorization Letter together with the following:

- Copy of the patient's ID (ID must have Picture, Address, Date of Birth and Signature)
- Copy of the parent or legal guardian's ID (ID must have Picture, Address, Date of Birth and Signature)