Village Center Pediatrics, LLC

Tammy Maschino, MD	Kimberly Edgmon, MD
Susan White, MD	Jessica Yocum, MD

Lauren Adams, APRN-CNP

<u>ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE</u>

I, _____ acknowledge that I have received a copy and/or
(Print Parent Name)
read the poster of Village Center Pediatrics Notice of Privacy Practices located on the waiting room door. This notice describes how Village Center Pediatrics may use and disclose my child's protected health information, certain restrictions on the use and disclosure of my child's health care information; and rights I may have regarding my child's protected health information.

We may release protected medical information about your child to a friend or family member who is involved in your child's medical care, or who helps pay for your child's care; as directed by law.
We cannot withhold medical information from a legal guardian.

Our office policy is patients who miss scheduled appointments without 24 hours advanced notification may be dismissed from our practice after three such incidents.

_____	_____
Child's Name	Date of Birth

_____	_____
Parent Signature	Date

<u>ATTENTION</u>

It is the patient's responsibility to know which lab, diagnostic facility, or specialist is in their insurance network. If the patient does not provide the office staff with the correct information, all lab will be sent to **Diagnostic Laboratory of Oklahoma** (DLO). Any additional charges will be the responsibility of the patient.

Patient Name: _____

Date of Birth: _____

Name of Lab: _____

Parent/Guardian Signature: _____

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AUTHORIZATION FOR TREATMENT OF MINOR

Child's Name: _____ Date of Birth: _____

I _____ (Parent/Guardian), do hereby give permission for medical treatment from Tammy Maschino, MD, Kimberly Edgmon, MD, Susan White, MD, Jessica Yocum, MD and /or Lauren Adams, APRN-CNP to the above named child.

The following person(s) have my permission to bring the child listed above:

Name	Phone Number	Relationship

1. _____

2. _____

3. _____

Parent Signature: _____ Date: _____