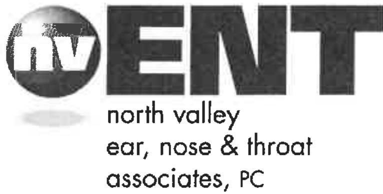

Peter C. Kaiser, MD
Michael T. Gutman, MD
Joseph A. Chiara, MD
board certified
otolaryngology, head and neck surgery

Authorization to Treat a Minor and Disclose PHI

NAME OF PATIENT: ______________________________ **DATE OF BIRTH OF PATIENT:** __________

In order to provide healthcare, **North Valley E.N.T. Associates, P.C. ("NVENT")** maintains record of physical examinations, test results, diagnoses, and treatments. Use and disclosure of protected health information is regulated by a federal law known as The Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

This authorization gives **NVENT** permission to disclose the elements of my protected health information listed below in addition to the contacts authorized on the Patient Registration Form. If the patient is a minor, the person(s) listed below have permission to bring the patient into appointments, and make medical decisions for the patient on my behalf while the patient is in the office. I understand that any authorization for surgery will require my written consent:

Name: ______________________________ Relationship to Patient: ____________________

Address: ____________________________ Phone: ______________________________

____

Name: ______________________________ Relationship to Patient: ____________________

Address: ____________________________ Phone: ______________________________

____

Name: ______________________________ Relationship to Patient: ____________________

Address: ____________________________ Phone: ______________________________

____

This authorization will remain valid for 10 years after signing or the patient's 18th birthday (if a minor)

I understand that I may revoke this authorization in writing at any time, but that this revocation will not affect any prior authorized disclosures that have been taken by **North Valley E.N.T. Associates, P.C**.

______________________________ ___/___/20___ ______________________________
Signature of Patient Date Printed Name & Relationship to
Or Representative (Parent or Guardian) Patient (*if not self*)