Release of Data for e-Prescribing

I hereby authorize Kennesaw Pediatrics, P.C. to exchange prescription data with any/all prescription networks to facilitate the care of my child(ren) named above. This will include but not limited to medication history check, prescription eligibility coverage, generic vs. branded drug costs, and drug interaction verification. This authorization is not limited in time.

Medicaid Allotment

I understand that Kennesaw Pediatrics, P.C. Medicaid allotment is currently full and I agree not to carry Medicaid coverage on my child(ren) as primary or secondary insurance to other coverage. If at any time I enroll and carry Medicaid on my child(ren), I understand that I will need to transfer to another practice that is currently accepting Medicaid.

PHI Release

Who do you authorize to receive your child(ren)'s Personal Health Information (step-parents, babysitters, grandparents, etc…)? If a person, other than the parent/legal guardian, is not listed below, they will be unable to gain access to your child(ren)'s PHI, either written or verbal from Kennesaw Pediatrics, P.C. (Does not include access to complete medical records).

Description of information that may be disclosed:

You may revoke or terminate this authorization by submitting a written revocation. You should contact the Privacy Officer to terminate this authorization. Information that is disclosed under this authorization may be disclosed again by the person or organization to which it is sent. The privacy of this information may not be protected under the federal privacy regulations.

Phone Messages

Phone messages may be left with anyone who answers the phone at any of the listed contact numbers and/or on any voicemail of the listed contact numbers

Yes ☐ No ☐

If you answered No, please advise us on how we may best contact you for appointment changes, account related matters, and/or any health matters:

Signature: _____ **Patient Name:** _____ **Date:** _____