

**Arizona Community Physicians, P.C.**  
**Child Release of Information Form**

Account # \_\_\_\_\_

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_

The confidentiality of our patient's medical information is very important to us. We understand there may be circumstances in which a family member or other adult needs access to your child's health information.

Please list the names and phone numbers of anyone who has your permission to have access to your child's medical records. This information is not limited to but includes appointments, billing information and test results.

Parent/Guardian name \_\_\_\_\_ Contact Number \_\_\_\_\_

Parent/Guardian name \_\_\_\_\_ Contact Number \_\_\_\_\_

Other Adult \_\_\_\_\_ Contact Number \_\_\_\_\_

Other Adult \_\_\_\_\_ Contact Number \_\_\_\_\_

I give permission for my child to be taken to their medical appointments by:

Names \_\_\_\_\_

By providing the below phone #'(s) you are giving permission, to leave appointment information or detailed information regarding, lab results, radiological results or any other imperative information on the phone # indicated below

Cell/Mobile voice mail \_\_\_\_\_ (Phone #)

Home voice mail \_\_\_\_\_ (Phone #)

DO NOT RELEASE Information to the following people: \_\_\_\_\_

Please check if your child is **16 years old or older** and you give permission for them to be seen without an adult:

\_\_\_\_\_ I give permission for my child to be seen without the presence of an adult.

\_\_\_\_\_ I give permission for my child to have minor procedures or immunizations without the presence of an adult.

I acknowledge that either I or the physician may, at any time, withdraw the option of releasing test information per the terms of this agreement, upon providing written notice. Any questions I had have been answered.

Name Parent/Guardian: \_\_\_\_\_ Signature \_\_\_\_\_

Parent/Guardian Contact Numbers: Cell \_\_\_\_\_ Work \_\_\_\_\_ Other \_\_\_\_\_

*Note: these are general consent forms and are not a substitute for separate written informed consent discussing risks, benefits, and possible side effects of treatment when required (e.g., invasive procedures and immunizations). Offices treating minors will need to ensure the parent/legal guardian has separately signed and authorized the procedural or VIS vaccine forms, prior to the appointment, when permitting their child to come to the visit unaccompanied.*