

**PARENT/GUARDIAN SIGNATURE CONSENT FORM**

1. HIPAA:

- I have been offered the NOTICE OF PRIVACY PRACTICES FOR COPC.

Initials Required \_\_\_\_\_

*This is located at our front desk check-in window*

---

2. FINANCIAL POLICY:

- I hereby authorize payment to be made directly to Step by Step Pediatrics and the release of any information necessary to process medical insurance claims.
- I understand that my insurance carrier can choose to assign benefits to Central Ohio Primary Care Physicians or my insurance carrier may make payment directly to me.
- I understand and certify that I am financially responsible for all health care service charges that are paid to me directly by my insurance carrier, as well as for any applicable co-payment, co-insurance, deductible, or charges for non-covered services provided to me or to any of my dependents. Co-payments are required to be paid at the time of service.
- I am also responsible for providing up-to-date accurate insurance information. I will be responsible for any amounts not paid by insurance because I have not provided the appropriate insurance information for billing.

Initials Required \_\_\_\_\_

---

3. MINOR CONSENT FORM:

- I would like my child, \_\_\_\_\_, to receive regular medical care at Step by Step Pediatrics, but I may not always be able to accompany him/her. In the event my child is brought to Step by Step Pediatrics for well care or for a visit by an adult other than a parent or legal guardian, I give consent for my child to receive medical care, including routine immunizations. Furthermore, I also give consent for my child to receive medical care and routine immunizations without an adult after they have reached the age of 16 years.

Initials (Optional) \_\_\_\_\_

---

4. RELEASE OF IMMUNIZATION RECORDS:

- I give consent for Step by Step Pediatrics to release the immunization record of my child, \_\_\_\_\_, if requested by a preschool, daycare, school, another doctor's office or the health department.

Initials (Optional) \_\_\_\_\_

---

Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_