

# **BETHANY PEDIATRICS**

## **Privacy Act**

According to a recent Law, we must specifically ask how we may communicate private health care information to you. Information communicated is typically appointment reminders, insurance items, and calls pertaining to clinical care such as laboratory and radiology results among others. You may check more than one option or number them in order of preference.

Yes     No    I permit information to be left on my answering machine

Yes     No    I permit information to be left with my spouse

Yes     No    I permit information to be left on my business voice mail

Yes     No    I permit information to be left on my cell phone voice mail.  
Cell Phone Number: \_\_\_\_\_

Yes     No    I permit information to be sent to me via email.  
Email Address: \_\_\_\_\_

Yes     No    Other specific instructions:

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\_\_\_\_\_  
Signature of parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient's Name