Auburn Medical Group, Inc.

PARENTAL CONSENT FORM AND AUTHORIZATION TO TREAT A MINOR

I (We), the undersigned parent, parents or legal guardian of _____ *(Minor's Name)* authorize **Auburn Medical Group, Inc.** to treat my/our child with any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff of the office who are licensed to practice in the State of California. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care when effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that treatment will not be withheld if the undersigned cannot be reached.

ASSIGNMENT OF BENEFITS – MEDICAL RELEASE

I hereby authorize the practice of Auburn Medical Group, Inc. to release to my insurance company any information required in the course of the examination and/or treatment. I also authorize my insurance company to pay directly to the practice of Auburn Medical Group, Inc., any benefits due. I understand payment is my obligation regardless of insurance or other third party involvement. This authorization shall expire upon notice. I permit a copy of this authorization to be used in place of the original. I grant permission to view prescribing information from external sources.

Use and disclosure of protected health information is regulated by a federal law known as The Health and Insurance Portability and Accountability Act of 1996 (HIPAA).
Under HIPAA, providers of healthcare are required to give patients their Notice of Privacy Practices for Protected Health Information and make a good faith effort to obtain a written acknowledgment that this notice was received.

Therefore, I acknowledge that **Auburn Medical Group, Inc.** has provided a written copy of their Notice of Privacy Practices.

I have received information regarding Advanced Directives.

_____ _____
Child's Name Date

_____ _____
Signature Date