

Mountain View Pediatrics

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AUTHORIZATION TO TREAT

It has come to our attention that at times as a parent, you may not be able to bring your child to the doctor or call to get information about your child. According to the HIPPA REGULATIONS, only the person having legal custody can obtain information about that child or seek medical attention. If the parent or guardian or person having legal custody, gives permission for information to be given out, IT HAS TO BE IN WRITING.

Please list below any person(s) who will have your permission to bring the child in for office visits or call and get information on the child, such as lab results, x-ray, appointment times or to set-up appointments. The people you put on this list will also be able to sign for, but not limited to, immunizations, lab work and breathing treatments.

For security purposes, please provide name, date of birth, address and relationship to child of person you are giving permission to obtain information or seeking care for your child.

1. Name: _____ Relationship: _____ Date of Birth: _____

Address: _____

2. Name: _____ Relationship: _____ Date of Birth: _____

Address: _____

3. Name: _____ Relationship: _____ Date of Birth: _____

Address: _____

4. Name: _____ Relationship: _____ Date of Birth: _____

Address: _____

Signature of Parent / Legal Guardian

_____/_____/_____
Date