



Patient Name:
Date of Birth:

CONSENT FOR TREATMENT

As the parent or legal guardian of the child, designated above as the patient, I hereby authorize Northeast Pediatric Associates, P.A. physicians, mid-level practitioners, and/or their medical representatives to perform the required medical treatment considered advisable for the patient. I realize that no guarantees can be made as to the eventual outcome of the medical treatment advised or performed. However, I may expect the medical treatment advised or performed by Northeast Pediatric Associates, P.A. physicians, **non-physician practitioners, and/or their medical representatives to be reasonably sound by accepted medical standards. Also, as a service to our clients, we provide a courtesy appointment reminder call and possibly other important calls that may be placed using a prerecorded message. By providing your phone number, you consent to receiving such calls at this number.

**Non-physician practitioners are either Nurse Practitioners or Physician Assistants, licensed by the state to diagnose and treat illnesses, injuries, disease or other medical conditions. They typically hold a master’s degree with advanced education in Pediatrics. These practitioners work together with the patient’s primary care physician, providing preventative care, well child examinations, physicals, immunizations, and developmental screenings.

We ask that a parent/guardian be present for your child(ren)’s initial appointment and well child visits. We must be able to obtain pertinent family background and medical history that is necessary for the treatment of your child(ren). **It is the policy of Northeast Pediatric Associates, P.A. that you must authorize family members and others who make appointments and accompany your child(ren) to their appointments. Therefore, the following other individuals (other than parents) are authorized to act in your place with respect to any medical matters after your initial appointment.** Please note that as we have no control over these individuals, any private health information disclosed under this authorization is no longer protected by the Privacy Rule.

Name	Phone Number	Relationship
1.		
2.		
3.		
4.		

PARENTAL CONSENT IN CASES OF DIVORCE

(If you have a court order, please present us with a copy for your child(ren)’s file)

According to Texas Statutes – Family Code §153.073(a), unless limited by a court order, a parent appointed as a “conservator” (managing or possessory) of a child has at all times the following rights:

- Right of access to medical, dental, psychological, and education records of the child
- Right to consult with a physician, dentist, or psychologist of the child
- Right to be designated on the child’s records as a person to be notified in case of an emergency
- Right to consent to medical, dental, and surgical treatment during an emergency involving an immediate danger to the health and safety of the child

Print Name Parent/Guardian

Signature of Parent/Guardian

Relationship to Patient

Date