



Patient Name \_\_\_\_\_

**Authorization to Release Information and Pay Benefits**

I hereby authorize Hendricks Regional Health Medical Group and its physician to furnish information to my insurance carrier(s) concerning my dependent’s illness, treatments and diagnosis, upon written request.

I further authorize my insurance company to pay directly to the doctor all payments for medical services rendered to my dependents. I understand that I am financially responsible for any charges not paid by my insurance carrier and that this authorization will remain in effect until all charges are paid in full.

**Consent to Treat**

I, the undersigned, as the parent or his/her authorized representative, hereby consent to treatment by the physicians and staff of the Hendricks Regional Health Medical Group. I further authorize such medical services on any subsequent visits. I have the right to revoke this consent at any time by communicating such decision in writing.

**Individuals Who Can Consent for Treatment**

I, the undersigned parent or legal guardian of the patient named above further authorize that the individual(s) named below may also consent to treatment at future visits if I am unavailable. I have the right to revoke this approval at any time by communicating this decision in writing. Any person not included on this list will not be authorized to consent for treatment.

**\*\*Stepparents must be listed above in order for the physician to provide treatment.**

**\*\*If you have a teen that will be driving themselves, please indicate their name above.**

**\*\*If you are the mother or father signing, please list other parent’s name above.**

1. \_\_\_\_\_ Relationship \_\_\_\_\_

2. \_\_\_\_\_ Relationship \_\_\_\_\_

3. \_\_\_\_\_ Relationship \_\_\_\_\_

4. \_\_\_\_\_ Relationship \_\_\_\_\_

**Please initial all that apply**

\_\_\_\_\_ Office Policies Received

\_\_\_\_\_ I have been offered the Notice of Privacy Practices

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Legal Guardian of minor)