

At Next Step Pediatrics, LLC we hold patient privacy to the highest standard. Once you reach the age of majority (18 years) you may choose who has access to your records. Please fill out the form below, read over the office policy and procedure and HIPAA statements below and sign that you understand.

I, _____ would like to use
_____ to access my patient portal.
Email address

The contact phone number I would like listed in my chart is _____.

I authorize the following people to speak with Next Step Pediatrics, LLC concerning my care.

Name	Phone
_____	_____
Name	Phone

HIPPA Notice of Privacy Practices:

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. The HIPAA Notice of Privacy Practices describes how we may disclose your protected health information (PHI) to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographics, that may identify you and related to your past, present, or future physical or mental health or condition and related health care services.

Signature below is only recognition that you agree to the HIPAA Notice of our Privacy Practices. A copy of the document will be provided to you upon request.

Print Name: _____
Signature: _____
Date: _____

Policies & Procedures:

Next Step Pediatrics, LLC Office Policies and Procedures summarize the Practice's protocol on matters related to insurance, cancellations, vaccine schedules, and other pertinent office information. A copy is available for you to review in the front office and on our website: buccilancermd.com. A copy of the document will also be provided to you upon request.

Signature below indicates that you fully understand and agree to the office and financial policies set forth by the practice. The Practice may amend the terms of these policies at any time without prior notification.

Print Name: _____
Signature: _____
Date: _____