Payne & Holloway

Phone Authorization

I give Payne & Holloway permission to contact me and leave a detailed message at the following phone number regarding my child (ren) personal health information if not available at the time of the phone call. I understand that by providing a number in the slots below, I am authorizing Payne & Holloway to leave a detailed message on the number provided.

Home #_____ Work # _____ Cell # _____

E-mail Address _____

Other Alternative means of Contact _____

Parent/Guardian Signature _____Date_____

Mail Authorization

I give Payne & Holloway permission to contact me by mail at the following home address including but not limited to appointment reminders, billing statements, lab or test results, etc. regarding my child (ren) personal health information.

Address _____City, ST, Zip _____

Parent/Guardian Signature _____Date_____

Receipt of Notice of Privacy Practices Written Acknowledge Form

I acknowledge that I have received a copy of the Notice of Privacy Practices from Payne & Holloway.

Parent/Guardian Signature _____Date_____

Please list each child that is seen in our practice:

Last Name	First Name, MI	Date of Birth