

UNIFOUR FAMILY PRACTICE
2874 NC HWY 127 SOUTH
HICKORY, NC 28602
PHONE: 828-294-4100
FAX: 828-294-4112

DAVID R. DURALIA, M.D. • KIMBERLY Z. WEAVER, RN, MSW, FNP-C • REBECCA WOODBURY, FNP-C • KEN ANDERSON, PA-C

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY (HIPAA) FOR CHILDREN

Due to Federal Regulations concerning patient privacy, we are unable to discuss your medical condition with anyone, **including family members** without your consent.

*Unifour Family Practice is connected with the **North Carolina Health information Exchange Authority (NCHIEA)**. Please refer to the posted notice. If you wish to opt-out, you may pick up the form at the front desk.*

I, _____, THE PARENT(S)/ LEGAL GUARDIAN OF CHILD/CHILDREN'S NAMES LISTED BELOW, REQUEST THAT I AM NOTIFIED OF MY CHILD/CHILDREN'S MEDICAL CONDITION IN THE FOLLOWING MANNER:

Child(ren) Name(s): _____

Child(ren) Name(s): _____

Please read the following statements **very carefully** and **(CHECK ALL THAT APPLY)**

_____ Only discuss my child/children's health and financial information with me.

_____ You may leave any medical information, test results, etc., pertaining to my child/children on my answering machine or voicemail at the numbers listed.

Home Phone # _____ Cell Phone # _____ Work Phone # _____

_____ You may communicate with me through Unifour Family Practice Patient Portal.

My email is (Please Print) _____.

Unifour Family Practice staff are allowed to discuss my child/ children's medical condition and/or financial matters with the following individuals:

Name	Telephone Number	Relationship

AS A PARENT OR LEGAL GUARDIAN IT IS YOUR RESPONSIBILITY TO LET US KNOW IF ANY OF THE ABOVE INFORMATION CHANGES AT ANY TIME.

Signature

Date

Witness/Verified

Date