



SSM Health Cardinal Glennon Pediatrics
Sharing Health Information

Communication Preferences

Please Print:

Patient First Name	MI	Last Name	Date of Birth
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Please complete all , and **CIRCLE** your first communication choice:

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Is it okay to leave at detailed message at this number?	Yes/No	Yes/No	Yes/No

Unless you object, SSM Health Cardinal Glennon Pediatrics may share or discuss information about you / your child(ren) to a care giver or someone who helps pay for your care (friend or family member). Your provider will determine what information about you needs to be shared based on a need to know basis

Please identify all persons who have authorization to make appointments and/or bring your child(ren) to SSM Health Cardinal Glennon Pediatrics for medical care.

*I request and consent to the medical care and diagnostic treatment procedures as determined necessary by the physician(s) and his/her assistants and is administered under the direction of the physician(s).

Name	Relationship	Phone Number

In addition, your / your child(ren)'s health information may be shared if:

- You are present and do not object to sharing the information to others that are with you.
- You give your provider or plan permission to share the information.
- You are not present and the provider determines based on professional judgment that it is in the patient's best interest.

We will follow the above information unless notified by you in writing. This document does not apply to disclosure of specific mental health care information and other sensitive information governed by HIPAA and the MO Mental Health Code and Confidentiality Act.

Signature of Patient / Parent or Legal Guardian	Date
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