NORTHSIDE
PEDIATRICS, PC

Jose Rene Ayala, MD • Krystyna Malec, MD
Jaime Viers, CPNP • Sarah Lighthizer, DO

Treatment Agreement
Northside Pediatrics

Services Provided at Northside Pediatrics

(*) Current Michigan Law states that these services do not require parental consent

- Physical exams for school, sports, and camp
- Treatment for acute & chronic illness & injuries
- Basic laboratory services & tests
- Administration of medication
- Immunizations
- Referrals for specialty services
- Pregnancy testing and referrals*
- Sexually transmitted disease screenings, Treatment, and counseling*
- Gynecological services*
- Mental Health and psycho-social assessment, counseling, & referrals*(if patient is 14 an older)

Authorization for Treatment

Patient Name:_____ **DOB:**_____

- **Medical:** I, hereby voluntarily request, consent to, and authorize Northside Pediatrics physicians, nurse practitioners, physicians assistants, or other practitioners to provide medical and surgical treatment including but not limited to, diagnostic procedures, lab testing, and administration of medications as is deemed necessary and advisable.

My signature indicates I have read both sides of this form and I am giving consent to medical treatment and the terms below.

Signature of Parent or Guardian:_____ **Date**_____

Relationship to Patient_____ **Date**_____

Please Read other side 

265 Fremont St. • Battle Creek, MI • 269 962 6221

- I understand parental consent is required for services at Northside Pediatrics for children under the age of 18 and services can be provided without my presence. Crisis intervention and emergency care do not require parental consent. I understand that I may withdraw my permission for services upon written notice to Northside Pediatrics at any time
- I further understand and acknowledge that an HIV test may be performed upon my child, without written consent, under the circumstances that a Northside Pediatrics employee sustains exposure to blood or other bodily fluids.

Agreement to pay for services

- I authorize Northside Pediatrics to release my medical information necessary to Medicaid, or other insurance carrier, to process claims and further authorize payment of medical benefits payable directly to Northside Pediatrics.
- I understand that Northside Pediatrics will file and complete the necessary steps to collect my insurance payment.
- I understand that I am responsible for any account balance that is not covered by insurance or for any services rendered at Northside Pediatrics. This includes any deductibles or co-payment portions of my bill after insurance payment.

Authorization and Consent to Access, Use and Disclosure of Protected health information to/from Northside Pediatrics, P.C.

- I consent to Northside Pediatrics accessing or disclosing my individual identifiable health information for treatment, payment, or health care operations, including my continuing care.
- I authorize the release of my treatment notes and test results to specialty practices for purpose of coordination of care.

Privacy Practice Acknowledgment

- I am aware that Northside Pediatrics has a HIPPA(Health Information Portability and Accountability Act) Notice of Privacy Practices.
- I may request a copy at any time by contacting Northside Pediatrics.