## **Raleigh Pediatric Associates**

## **DECLINATION TO USE OR DISCLOSE INFORMATION FOR PATIENTS 18 YEARS & OLDER**

PATIENT NAME

DATE OF BIRTH:

I do not wish for any of my medical (medical records, diagnosis, treatment, etc.) or financial information to be discussed with or released to anyone other than myself. I understand that I will be listed as the Responsible Party on my account with Raleigh Pediatrics and will be financially responsible for all charges incurred. I also understand that no one will be allowed to schedule appointments or receive medical advice on my behalf.

Signature of Patient

Date

## FOR OFFICE STAFF USE ONLY

If patient signs the Financial Declination, they must be listed as the Responsible Party on the account and the following must be done:

(Check off that these items have been completed)

 New Patient Information Sheet completed
 New Responsible Party Statement signed by the patient
 Email A/R Manager to notify that patient needs to be listed as RP. A/R Manager will make changes & put flags on account.
 Put signed declination, Patient Information Sheet and Responsible Party Statement in the scan box to be scanned into the patient's chart.

Completed by \_\_\_\_\_\_ Initials

\_\_\_\_

Date

CHART#\_\_\_