

Brighton Pediatrics, P.C.

PRIOR EXPRESS CONSENT

I agree, by providing Brighton Pediatrics with my landline or cell phone number(s), that I give express authorization to be contacted at those numbers regarding my appointment, billing/account, insurance information, debt collection, or any other information needed for healthcare and business operations, as well as authorizing such contact by our agents or assignees including, but not limited to, hospitals, healthcare providers, referral providers, insurances, and collection agencies. This express authorization also applies to any landline or cell phone number(s) you may acquire in the future. Brighton Pediatrics may also contact you by sending text messages or e-mails, using any e-mail address you provide to us. Methods of contact may include voice messages, using prerecorded/artificial voice messages and/or use of an automatic dialing device, as applicable. **Providing your phone number(s) and/or email(s) is a condition of receiving our services for healthcare operations.**

Please list all Child/ children's Name and DOB associated with this account/ phone contact numbers.

<u>Child's name</u>	<u>DOB</u>
_____	_____
_____	_____
_____	_____
_____	_____

<u>Parent/ Guardian</u>	<u>Relationship</u>	<u>Phone Number</u>	<u>Home</u>	<u>Cell</u>
1. _____	_____	_____	<input type="radio"/>	<input type="radio"/>
2. _____	_____	_____	<input type="radio"/>	<input type="radio"/>
3. _____	_____	_____	<input type="radio"/>	<input type="radio"/>

Email(s)n address _____

I have read this disclosure and agree that we may be contacted as described above at the phone number(s), Cell phone number(s), or email(s) listed.

Signature

Date

Printed Name