Auerbach Pediatrics, LLC
Richard Auerbach, MD
Marina Arena, MD
www.auerkids.com
mail@auerkids.com

25 Church Hill Road
Suite 102
Newtown, CT 06470

Tel. (203) 426-KIDS
(203) 426-5437
Fax (203) 426-2100

Patient Name: ____________________________ **DOB:**_____________________

By signing this form, I authorize the doctor and/or staff at Auerbach Pediatrics to leave voice messages regarding my/my child's personal health information, such as test results, medication and referral information, or recommendations on the following phone voicemails:
(check all appropriate choices)

___ Home: ___________________________________

___ Cell: ____________________________________

___ Work: ___________________________________

___ I request only direct personal contact with me when relating my/my child's personal health information.

___ I grant the following family member(s) the privilege of taking messages about my/ my child's personal health information:

Name: __________________________________ Relationship: __________________

Name: __________________________________ Relationship: __________________

I have the right to revoke authorization and understand that I must submit a written request once this form is signed.

____ ___________________________
Patient/Legal Guardian Signature Date