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Receipt of Notice of Privacy Practices

Written Acknowledgement Form

I, _____ parent/guardian of
_____ have been advised
Of C.A.R.E. Pediatrics, LLC **Notice of Privacy Practices.** These policies
are posted in the waiting room for review and are effective as of August 1, 2005.

Signature of Parent/Guardian

Date

Financial Responsibility Statement

It is understood that payment for services rendered by C.A.R.E. Pediatrics, LLC is my responsibility. Any charges that are not covered by my insurance and are within their contractual limits are to be paid within 30 days of notification, unless other arrangements are made.

Signature of Parent/Guardian

Date

Consent for Treatment of A Minor

This is to authorize and consent to any necessary or routine medical treatment including examination, injection, immunization, and/or diagnostic procedures, including x-ray and laboratory analysis. I understand that only a parent or legal guardian can consent for treatment of a minor. A separate authorization must be completed if a child is accompanied to an appointment with someone other than the parent or guardian.

Signature of Parent/Guardian

Date