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Maryville, TN 37801-4763
Phone (865) 724-1590
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Authorized Contact and Communication

According to privacy laws, communications regarding your child's health are restricted to those involved in your child's health care and others designated by you and your child. We take these laws seriously and will communicate by phone or any other form of messaging only with those listed on this form.

I authorize Bright Star Child & Adolescent Psychiatry and its representatives to:

1. Notify me by phone and/mail of appointment reminders, medical information, or billing.

   YES NO

2. If unable to reach me at home, you may call my employer and leave a message for me to return your call.

   YES NO

3. Speak to the following individuals regarding my child's appointments, medical information, billing, or any other information considered pertinent by my child's healthcare providers and their agents.

   Please include your own name, phone number, and relationship.

Name ____ Phone ____________________________

Relationship ______________________________________

Name ____ Phone ____________________________

Relationship ______________________________________

Name ____ Phone ____________________________

Relationship ______________________________________

____ ____________________

Patient name Date of birth

____ ____________________

Patient guardian signature Date