# Authorization for Caregiver/Appointed Representative

*This is an important medical form. Before signing this form, you should understand what this form allows the person below to do. Please review this document carefully before signing.*

Patient Name: _____

Patient DOB: _____

**This form gives the person you choose the right to (please initial each line):**

_____ Make, change, or cancel appointments for you or for your child. Including receiving voicemails, calls, text messages and/or emails.

_____ Collect any documents on your behalf or pertaining to your child (such as school notes and clearance documents). This does not include medical records (including, but not limited to, progress notes, medication lists, and past medical history).

_____ (Minors only) Bring and be present during your child's appointments.

_____ Pay for medical services.

**Additional Conditions:**

_____ I understand that this form does NOT allow the person noted below to make healthcare decisions for me. In the state of California, in order to appoint someone to make medical decisions on my behalf I will need to provide an Advance Directive or notarized document showing Power of Attorney.

_____ For those under the age of 18, this form is only valid when the parent or legal guardian is not present.

_____ The appointed representative named below is responsible for providing payment for medical services at the time they are rendered.

Name of appointed Caregiver or Authorized Representative (appointee): _____

Appointee Relationship to Patient: _____

Appointee Phone Number: _____

This form shall remain in effect for one (1) year from the date signed. Any conditions of this document may be stated here *(if you do not want to allow one of the points stated above or you would like the form to expire earlier or later than 1 year, please state so here)*:

_____

_____

| _____ | _____ | _____ |
|---|---|---|
| Parent or Guardian Name | Parent or Guardian Signature | Date |
| _____ | _____ | _____ |
| Appointee Name | Appointee Signature | Date |