

The Pediatric & Adolescent Center

6148 N. Discovery Way, Suite 100
Boise, ID 83713

William Bourquard, MD Nancy Miller, FNP-C

Patients Name: _____ DOB: _____

Treatment Authorization (Informed Medical Consent):

The patient is willfully requesting treatment at The Pediatric & Adolescent Center. The practitioner and/or physicians are not liable for any act or omission in following the instructions of the practitioner an/or physicians. The undersigned patient or guardian consent to any X-Rays, laboratory tests, anesthesia, medical, surgical, and dental treatment or services rendered to the patient under the instruction or the practitioners an/or physicians. No guarantees have been made to me as to the result of any examinations or treatment provided to me by The Pediatric & Adolescent Center practitioners and/or physicians. I understand that The Pediatric & Adolescent Center will follow the law as written in the state of Idaho in matters concerning contraception and sexually transmitted diseases in minors. Results of all services will be forwarded to any practitioner/medical organization providing follow-up or coordination of care.

Release of Information:

I hereby authorize The Pediatric & Adolescent Center, or their designee, to furnish medical and other information necessary to process any third party claim(s) on my behalf for the Nurses Practitioners and Physicians, which directed the services rendered during the visit.

This information may be released to my personal physician, and upon request to any consulting physician, hospital, home health agency, nursing home or other providers of service who may need the information for the continuity of my medical care.

I understand the I may revoke wither authorization at any time and that no further release of information will occur after my written request is received.

Assignment of Medical Information:

I hereby assign all applicable health benefits and direct that payment may be made directly to The Pediatric & Adolescent Center for all services provided to/for me during this visit.

Signature of Parent/Guardian Date

TPAC Employee Date