

LITTLE ELM - FRISCO CHILDREN'S CLINIC
12398 FM 423, Suite 600, Frisco, Texas, 75034 - (214) 494-4622

**HIPPA Policy Acknowledgment and
Insurance Benefits and Information Release**

I hereby acknowledge that I have read the HIPPA policies and have received a copy (if requested) for Little Elm-Frisco Children's Clinic.

Also, I hereby authorize the physician to release any and all information necessary concerning my diagnosis and treatment for the purposes of securing payment from my insurance company; and thereby authorize payment of the insurance benefits directly to the physician for any services rendered that are not paid for directly by me.

Parent/guardian signature _____ **Date** _____

Print parent/guardian's name _____

Child/patient's name _____

Authorization to Treat Minor

As the parent/ guardian of the above named child, I hereby give permission to the providers at Little Elm-Frisco Children's Clinic to treat my child in the event that a medical emergency arises and I am unable to personally consent to the treatment. I also agree to be responsible to the physician for charges for medical services rendered.

Parent/guardian signature _____ **Date** _____

Print parent/guardian's name _____