



AUTHORIZATION FOR MINOR CHILDREN HEALTH INFORMATION

This authorization allows the adult(s) listed below to bring the minor child(ren) listed below to the Culinary Health Center for medical care, speak with medical personnel regarding the care of the minor child(ren), and schedule/cancel appointments, pick up prescriptions, and access the medical information such as chart notes, labs and referrals of the minor child(ren).

Child's Full Name	Child's Date of Birth

Authorized Adult's Full Name	Phone Number	Email Address	Relationship to Minor Child

Please list any limitations on the medical services/treatment information to which the adult(s) listed above should not have access.

I understand and agree that I have the right to revoke this authorization at any time by providing a written request to the Culinary Health Center HIPAA Privacy Officer. The right to revoke will not apply to any information already released in response to this authorization.

- In person:** Hand in at the Culinary Health Center
- By mail to:** Culinary Health Center
Attn: HIPAA Privacy Officer
650 N. Nellis Blvd.
Las Vegas, NV 89110
- By fax to:** 844-633-9997
- By text to:** 702-790-8000
- By email to:** HIPAA@culinaryhc.com
Please note: If you choose to text or email personal information to the CHC, we can't ensure it will remain private or secure until it's received.

For help: Call **702-790-8000** and ask for the Patient Experience Team or the HIPAA Privacy Team.

Printed Name of Parent/Guardian of Patient

Signature of Parent/Guardian of Patient Date