

**CONSENT TO TREAT**

I do hereby consent and authorize to any medical/surgical/ laboratory care of \_\_\_\_\_ by Gentle Pediatrics/Shahid Hasnain, MD. I have the legal right to give above consent and I am the parent/legal guardian of \_\_\_\_\_.

This authorization is intended to remain in full force and effect until terminated by me in writing.  
Initial \_\_\_\_\_

**ACKNOWLEDGEMENT OF REVIEW OF NOTICE OF PRIVACY PRACTICES**

I acknowledge I have received this office's Notice of Privacy Practices, which explains how my medical information will be used and disclosed.

\_\_\_\_\_

Signature of Parent/Legal guardian

\_\_\_\_\_

Date