

CONSENT TO CONVERSE

I, _____, parent/legal guardian of _____, DOB: _____,
Print name of patient

Give UAB Division of Pediatric Cardiology and the Alabama Congenital Heart Disease Center permission to speak with the following person(s) regarding all aspects of my/their medical conditions.

NAME:

RELATIONSHIP TO PATIENT

Please list anyone who you specifically **DO NOT** want UAB Division of Pediatric Cardiology or The Alabama Congenital Heart Disease Center to speak with about your child.

(Patient/Parents/Legal Guardian)

Date

