FOR PATIENTS 18 AND OVER

HIPAA Release and Consent

Children's Garden Pediatrics
Boston Children's
Primary Care Alliance

bostonchildrens.org/alliance/practices/childrens-garden-pediatrics
617-441-9276 | *fax* 617-491-5222

I understand and acknowledge that as of my 18th birthday, my parents and/or guardians are no longer permitted access to my medical records, health information, or appointment status without my specific written permission.

Staff at Children's Garden Pediatrics (CGP) will not release medical or appointment information (verbal or written) to my parents without my written consent in accordance with this document. However, it is often both convenient and helpful for young adults to have parents remain involved.

Please select one of the following options:

Option 1

❍ **I WISH TO** grant my parents and/or guardians access to my healthcare providers and/or medical information as follows:

Parent/Guardian #1 name:

_____

Their relationship to you: _____

Parent/Guardian #1 name:

_____

Their relationship to you: _____

I understand that the above-named individual(s) may contact providers or members of the staff at CGP to request and/or pick up prescription refills, discuss my healthcare, and access copies of my medical records except relating to the following categories, unless authorized by me as indicated by my initials below:

Mental health evaluation or treatment

Initials: _____

Alcohol/ drug abuse evaluation or treatment

Initials: _____

Sexual health issues (such as sexually transmitted infections, birth control, or pregnancy)

Initials: _____

Option 2

❍ **I DO NOT** grant any access to my parents and/or guardians. No medical information, records or appointment information can be discussed or released.

Authorization

This consent will remain valid for as long as I remain a patient of the practice. However, I understand that I can withdraw consent at any time by providing CGP with written notice indicating the changes in access.

Patient name _____

Patient signature: _____

Date: _____

Patient cell phone: _____