

Dear Patient:

When you turn 18 years old, seeking medical care is a new responsibility. Your parents can help guide you in this, but now that you are an adult, you have the right and responsibility for your own medical care. This means that you may now seek medical care without your parent's knowledge or consent. This also means that you become responsible for your medical records, outstanding balances, and understanding our office policies.

Consent to Use and Disclose Health Information

My Authorization Island kids Pediatrics may disclose and discuss the following health care information (check all that apply):

- 1) All health care information Health care information relating to these health concerns (ie; ADHD, depression, etc):

Health care information in my medical record for a specific date (ie; well check from 02/25/2016):

These items require specific authorization: You may use or disclose health care information regarding testing, diagnosis, and treatment for (check any that apply): HIV/AIDS Sexually Transmitted Diseases Mental Health or Illness Drug and/or Alcohol Abuse You may disclose this health care information to:

- 2) (List the names of anyone who may have access to your health information)

: _____

- 3) This authorization ends: On this date:

_____ When the following event occurs:

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- _____ In 90 days from the date signed
- 4) 2) My Rights I understand that I do not have to sign this authorization in order to get health care benefits (treatment, payment, enrollment, or eligibility for benefits). I may revoke this authorization in writing at any time. If I do, it will not affect any actions taken by Island kids Pediatrics in reliance on this authorization before it receives my written revocation. Two ways to revoke this authorization are: • fill out a revocation form –a form is available from Island Kids Pediatrics or • write a letter to Island Kids Pediatrics. 3) Protection after Disclosure. I understand that once my health care information is disclosed, the person or organization that receives it may redisclose it and that privacy laws may no longer protect it.
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Patient signature (type your name to sign) Date