



248 PLEASANT STREET, SUITE 2600
 CONCORD, NEW HAMPSHIRE 03301
 Phone (603) 224-1929
 Fax (603) 228-7114
 www.concordpediatricsnh.com

Authorization for Patients over 18

Please Print Clearly

Patient Name _____ **DOB** _____

Mailing Address _____, _____, _____
 Street City State Zip code

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

I grant the following access to:

I do not grant access to anyone.

Name _____ **Relationship to Patient** _____

Full access, no restrictions. I give the named individual permission to act on my behalf with no limitations.

Scheduling appointments and refilling prescriptions only.

Limited access with some restrictions. I give the named individual permission to act on my behalf with limitations. I understand that they may not contact any physician or member of the staff at Concord Pediatrics PA in regards to the following: Check all that you **do not want us talking about:**

- Mental Health
- Drug/Alcohol use
- Refilling prescriptions
- Sexual Health/History/Orientation/Pregnancy/STDs
- Scheduling appointments
- Other _____

Name _____ **Relationship to Patient** _____

Full access, no restrictions. I give the named individual permission to act on my behalf with no limitations.

Scheduling appointments and refilling prescriptions only.

Limited access with some restrictions. I give the named individual permission to act on my behalf with limitations. I understand that they may not contact any physician or member of the staff at Concord Pediatrics PA in regards to the following: Check all that you **do not want us talking about:**

- Mental Health
- Drug/Alcohol use
- Refilling prescriptions
- Sexual Health/History/Orientation/Pregnancy/STDs
- Scheduling appointments
- Other _____

Patient Signature _____ **Date** _____