OVER 18 HIPAA RELEASE AND CONSENT FORM

THIS OFFICE IS REQUIRED BY FEDERAL REGULATIONS TO INFORM OUR PATIENTS IN REGARDS TO THE USE OF YOUR CHILD'S HEALTH INFORMATION IN ACCORDANCE TO THE HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT OF 1996 (HIPAA)

I understand and acknowledge that as of my 18th birthday, I am considered an adult. Therefore, my parents and/or guardians will no longer be permitted access to my medical records, information, providers, or appointment status without my specific written permission. Downers Grove Pediatrics will not speak with my parents, permit my parents to schedule appointments, or release medical information to my parents without my written consent in accordance with this document.

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

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

_____
(Print Name of the parent or guardian; indicate his/her relationship to you.)

_____
(Print Name of second parent or guardian; indicate his/her relationship to you.)

_____ I give the above-named individual(s) permission to act on my behalf with no limitations. I understand that they may contact any physician or member of the staff at **DGPEDS** to schedule appointments, discuss my healthcare, and access my complete medical records.
THEY HAVE NO RESTRICTIONS.

_____ I give the above named-individual(s) permission to contact and speak with any physician or member of the staff at **DGPEDS** for *the sole purpose of scheduling an appointment*. NO access to my medical record or information regarding my care can be discussed or provided.
APPOINTMENT ACCESS ONLY.

_____I give the above-named individual(s) permission *to request refills and pick up my prescriptions.*

_____ _____
PATIENT PRINTED NAME DATE

_____
PATIENT SIGNATURE

This consent is valid for one year from the date signed. I understand that I can withdraw consent at any time by providing Downers Grove Pediatrics with written notice indicating the changes in access.

REVISED 01/01/2020