



Young Adult Consent Form

Authorization to Release Protected Health Information (PHI)

This form is used to allow your parents or anyone else you choose to have access to your medical information.

Patient's Legal Name: _____ Patient's Date of Birth: ____/____/____

Patient's Phone Number: _____ Patient's Email: _____

As an adult, your medical records are private information that is kept strictly between you and your health care provider under the federal Health Information Portability and Accountability Act (HIPAA). Access to your health records and any discussion about your health is only provided to people you consent to. **If you would like your parents, or someone else, to discuss your health on your behalf, you must provide consent to your health care provider.**

I authorize/give permission to Dover Pediatrics, PLLC to discuss my GENERAL health information and SENSITIVE health information only as indicated below with the following individual(s): *a separate form can be requested to give different permissions to different individuals*

NAME (first and last):	RELATIONSHIP TO YOU:	PHONE NUMBER:

Sensitive Health Information to be Released/Discussed:



IMPORTANT! It is extremely important that you check DO or DO NOT for each item listed below. Please do not skip any item as it could impact our ability to fulfill your request.

- I DO DO NOT want **appointments made/cancelled** on my behalf.
- I DO DO NOT want **health forms** and **immunization records** released.
- I DO DO NOT want my **gender identity** discussed.
- I DO DO NOT want **sexual orientation** discussed.
- I DO DO NOT want detailed **behavioral/mental health** records discussed.
- I DO DO NOT want detailed **sexually transmitted diseases/HIV/AIDS** records discussed.
- I DO DO NOT want detailed **alcohol/substance use** records discussed.
- I DO DO NOT want detailed **sexual health/history** records discussed.
- I DO DO NOT want detailed **birth control** records discussed.
- I DO DO NOT want detailed **pregnancy** records discussed.
- I DO DO NOT want (**specify**) _____ discussed/disclosed.

I understand this authorization is valid for **ONE YEAR** and may be revoked (withdrawn) at any time prior to the expiration date by notifying the practice in writing, except to the extent that Dover Pediatrics, PLLC has already used or disclosed the information in reliance on my authorization.

Patient's Signature _____

Date _____

Phone: 603-742-4048

17 Old Rollinsford Rd. Dover, NH 03820

Fax: 603-743-3345

Dover Pediatrics, PLLC

Young Adult Consent and Confidentiality Statement

During your teen years, you may wish to start actively managing your health care records as you become more independent from your parent/guardians. The purpose of this information is to help you understand your rights and responsibilities regarding your health care information.

Confidentiality

The United States federal government and the state of NH have established laws and guidelines of confidentiality for young adults between the ages of fourteen (14) and eighteen (18) years of age regarding the release of their medical care information to their parent(s) and/or guardian(s). Specifically, these laws and guidelines prevent medical information related to sexual health, drug and/or alcohol abuse, HIV/AIDS, and mental health issues from being disclosed to parents/guardians without your consent. There are some exceptions to these rules such as: reporting diseases to the Center for Disease Control and Management (CDC), concerns about child abuse, or if you plan to hurt yourself or someone else. In those circumstances, medical providers are required to report to the appropriate authorities, including parents/guardians.

Once you turn eighteen (18) years old, you are legally an adult and you have full rights to consent and confidentiality regarding your medical health information. **When you arrive at our office after the age of eighteen (18) years of age, we will ask you to complete a Young Adult Release & Consent form.** If you would like to continue to include your parents/guardians in assisting you in the management of your healthcare after you become eighteen (18) years of age, you must provide us with written consent outlining your specific wishes.

The physicians and providers of Dover Pediatrics believe in and support your right to privacy and autonomy regarding your health care regardless of who is responsible for your health insurance coverage, and/or payment for your health care services. We won't and can't release confidential health information without the appropriate consent from you.

You may rescind your consent permissions at any time.

Young Adult Health Insurance Coverage

Your parents/guardians may still provide you with health insurance coverage since they may be able to cover you under their health plan up to the age of twenty-six (26) years of age. Your parents/guardians may also be able to see billing information generated by your visits and/or tests performed or ordered from your visit here. If you do not wish us to bill your health insurance, you may opt to pay in cash for full services rendered at the time of your visit. If you are unable to pay for services privately, our providers may refer you to a health care facility that provides free care through grant funding. Please discuss any concerns regarding billing with our office prior to your appointment.

As a legal adult, when you arrive for your appointment(s), you will be responsible for the co-payments required by your health insurance plan. Please be prepared to pay applicable co-payments at the time of each service. Your health insurance on file will be billed for your services unless other arrangements have been made.

Health care while away at college

If you have chronic health care needs (ie: asthma, ADHD) and/or require recurrent medications you will need to pay particular attention to coordinating your care before and during your time away at college. Please plan to discuss this with your health care provider before you leave for college.

For acute illnesses (ie: coughs, sore throats, minor injuries, etc.) while you are away at college you should plan to be treated through your college health service, local urgent care center or emergency room, as indicated by circumstances. If you need advice choosing an appropriate place you may call our office or if you prefer to return to this office for acute care, contact our office.

To continue to provide the best possible care to you, we ask to be informed about any medical care you receive elsewhere while you are away from home. We also ask that we be allowed to communicate with your out-of-town health care providers. Please be sure to have our contact information with you when you see other providers and sign their consent forms so that they may contact us to coordinate your care. Copies of all new medical records should be requested by you and sent to our office so we can be kept apprised and maintain a complete and updated medical record for you.

Transitioning to Adult Care

The physicians of Dover Pediatrics can continue to see you through your college years up to the age of twenty-four (24) years old.

- *Exception:* If you are pregnant or if you are a parent to a child, we require you transfer your care to an adult primary care service provider.

At the time you wish to transfer to an adult provider, please provide us with written consent to have your records sent to the new provider. Your record transfer request must be in writing and come directly from you. An Authorization to Release Protected Health Information (PHI) form is available for download from our website or call our office for a form.

To find an adult primary care physician in your area

- Visit your local hospital's website and/or contact the hospital's main number for a list of local providers.
- Contact your State Board of Medicine site and search for providers by specialty and/or name using the physician finder option.