THE HERBERT KANIA PEDIATRIC GROUP

Boston Children's Health Physicians, LLP

Over 18 HIPAA Release and Consent form

I understand and acknowledge that as of my 18th birthday, 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. Pediatric Associates of Greater Salem (PAGS) 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 appointment information can be discussed or released.**

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

_____

(Print name of 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 BCHP to schedule appointments, discuss my healthcare, and access my complete medical records.

THEY HAVE NO RESTRICTIONS!

_____ I give the above-names individual(s) permission to contact and speak to any physician or member of the staff at BCHP 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.*

_____ I give permission for medical staff at BCHP to leave normal lab results on my answering machine/voicemail.

_____ _____

Patient Printed Name Date

_____ _____

Patient Signature BCHP Witness

This consent is valid for one year from the date signed. I understand that I can withdraw consent at any time with a written notice to BCHP indicating the changes in access.