Main Street Pediatrics

17-18-year-old transition letter and agreement

At 18 years old, we ask our now legally adult patients to decide how to handle access to their Protected Health Information. Prior to 18 years, we ask our patients and families to consider the implications of these upcoming decisions.

Officially, an 18- year -old has complete confidentiality of all medical issues. We routinely change the contact phone number to the patient's number.

We suggest you continue to allow parental interaction with our office. If you want your parent/legal guardian to continue to be able to communicate with our office on your behalf, please place a check mark next to those specific areas below.

Prescription refill	
Making appointments with the	ne primary pediatrician
Immunization records	Print Pourmine
Routine medical forms	
Financial arrangements and p	payments for services
· ·	be sent to any specified provider in the case of an
	patient cannot reasonably authorize record transfer.
Other options:	
Labwork	
Information regarding specifi	ic visits
Transfer of medical records	
Referrals to other care provide	lers
Any Specific Diagnosis	
•	grant my parent/legal guardian access to those areas
indicated.	
	Considered, acknowledged and signed
	Print Name and Date of Birth
	Cell Phone

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special situations:	
cause of a significant disability, it would be problematic or inappropriate for an 18-year-tient to assume these responsibilities:	
Parent/Legal Guardian and 18-year-old can agree to continue full communication by ou office with parents regarding all medical issues, by signing below:	r
Parent/Legal Guardian	
Patient	
Parent/Legal Guardian can, without specific patient consent, request their physician consider continuing communications with parents by signing below.	
Parent/Legal Guardian	
C I	ause of a significant disability, it would be problematic or inappropriate for an 18-year-tient to assume these responsibilities: Parent/Legal Guardian and 18-year-old can agree to continue full communication by ou office with parents regarding all medical issues, by signing below: Parent/Legal Guardian Patient Parent/Legal Guardian can, without specific patient consent, request their physician consider continuing communications with parents by signing below.