



**Wilton Office:** 55 Danbury Rd. Wilton CT, 06897  
**Phone:** 203-762-3363      **Fax:** 203-762-1999

**Ridgefield Office:** 10 South St. Ridgefield CT, 06877  
**Phone:** 203-431-3363      **Fax:** 203-431-9933

## 18 & Over – HIPAA Release and Consent Form

I understand and acknowledge that as of my 18<sup>th</sup> 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. Doctors' Pediatric will not speak 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.**

For the purpose of helping me with my healthcare, \_\_\_\_\_ **I WISH TO GRANT** my parents and/ or guardians access to my healthcare providers and/or medical information as follows:

I give the below-named individual(s) permission to act on my behalf. I understand that they may contact any physician or member of the staff at Doctors' Pediatric to schedule appointments, discuss my healthcare, and access my medical records.

\_\_\_\_\_  
Name of parent/guardian

\_\_\_\_\_  
Indicate his/her relationship to you

\_\_\_\_\_  
Name of parent/guardian

\_\_\_\_\_  
Indicate his/her relationship to you

Please specify if you wish to include the following (Initial Yes or No):

Yes, include	No, do not include	
_____	_____	Sexually Transmitted Disease/Communicable Diseases
_____	_____	Pregnancy/Sexual Activity
_____	_____	Mental Health
_____	_____	Substance Abuse

I understand that I have the right to revoke this authorization in writing, except where the office has acted in reliance upon it. My *written* revocation must be submitted to:

**Office Manager, Doctors' Pediatric, P.C., 55 Danbury Rd, Wilton CT 06897.**

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
PATIENT CELL PHONE

\_\_\_\_\_  
PATIENT EMAIL

\_\_\_\_\_  
DATE