



**Tri-County**  
PEDIATRICS

## **Patient Responsibility Agreement Over 18 HIPAA Release and Consent**

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. Tri-County Pediatrics will not speak with my parents, permit my parents to schedule appointments or provide medical information to my parents unless in accordance with this document.

I wish to grant my parents and/or guardians access to my healthcare providers and/or medical information as follows: **(You must select only ONE option and initial)**

PRINT THE NAME(S) BELOW OF THOSE WHO MAY ACT ON YOUR BEHALF:

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(PRINT NAME OF PARENT OR GUARDIAN, INDICATE RELATIONSHIP)

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(PRINT NAME OF PARENT OR GUARDIAN, INDICATE RELATIONSHIP)

\_\_\_\_\_ 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 Tri-County Pediatrics to schedule appointments, discuss my health care and access my 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 Tri-County Pediatrics to discuss my care and schedule any needed service or appointments. **I DO NOT GRANT ACCESS TO MY MEDICAL RECORDS.**

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

\_\_\_\_\_ **I DO NOT GRANT ANY ACCESS TO MY PARENTS/GUARDIANS. MY MEDICAL INFORMATION, RECORDS OR APPOINTMENT INFORMATION CANNOT BE RELEASED.**

I understand that I can withdraw consent at any time by providing Tri-County Pediatrics with a written consent indicating the changes.

NAME \_\_\_\_\_ DATE \_\_\_\_\_