

# Glacier Pediatrics



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## 18+ CONSENT TO SHARE HEALTH INFORMATION WITH PARENTS

Patient's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

I understand that by law 18 year olds are adults. As adults, they have the right to keep health records confidential (regardless of who pays for their insurance or whether they live at home).

Providers at Glacier Pediatrics believe parents should be partners in their children's care at every age. However, it is up to the patient to whom he/she gives permission to share privileged information. Therefore, we ask all of our patients over the age of 18 to consent as follows:

I give permission to healthcare providers at Glacier Pediatrics to speak with my parent(s)/legal guardian(s) at any time regarding medical condition(s) that may affect me personally, including my health status and/or treatment relating to:

- All healthcare conditions
- My health status, excluding sensitive conditions<sup>1</sup>

Consent given to:

- Mother \_\_\_\_\_
- Father \_\_\_\_\_
- Step-Mother \_\_\_\_\_
- Step-Father \_\_\_\_\_
- Other \_\_\_\_\_

I do NOT give my consent to any provider to speak with my parents about any of my healthcare conditions

I understand that I may change my mind at a future time and rescind this authorization.

\_\_\_\_\_  
Patient's signature

\_\_\_\_\_  
Today's date

<sup>1</sup> Sensitive conditions include alcohol or drug use, sexual activity, pregnancy or sexually-transmitted diseases, and mental health issues.