



Patients 18 Years of age or older HIPPA Release & Consent

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. Beansprout Pediatrics 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.

Parent/guardian name

relationship

Parent/guardian name

relationship

I DO NOT grant access or consent to disclosure or released, any of my medical information, medical records, or appointment information to parents/guardians listed above.



I DO grant my parents and/or guardians named above, access to my healthcare providers and/or medical information as follows:

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 Beansprout Pediatrics to schedule appointments, discuss my healthcare, and access my complete 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 Beansprout Pediatrics for the sole purpose of scheduling an appointment. NO access to my medical record or information regarding my care can be discussed nor provided. APPOINTMENT ACCESS ONLY

I give the above-named individual(s) permission to request refills and pick up my prescriptions.

I DO NOT grant any access to my parents and/or guardians. No medical information, records or appointment information can be discussed or released.

This consent is valid up until my transfer from Beansprout Pediatrics or discharge of care. I understand that I can withdraw consent at any time by filling out and updating this exact form: **Patients 18 Years of age or older HIPPA Release & Consent**

patient signature

effective date

printed name

Beansprout staff witness