ADVANCED PEDIATRICS, PLLC
100 East Street, SE
Suite 301
Vienna, VA 22180

Over 18 HIPAA Release and Consent Form

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. Advanced 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.

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

I **WISH TO** grant my parents and/or guardian access to my healthcare providers and/or medical information as follows:

_____
(Print name of the parent and/or guardian; indicate his/her relationship to you.)

_____
(Print name of second parent and/or guardian; indicate his/her relationship to you.)

Choose one of the following:

_____ 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 Advanced 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 Advanced Pediatrics for *the sole purpose of scheduling an appointment.* **NO** access to my medical record or information regarding my care can be discussed or provided. **APPOINTMENT ACCESS ONLY.**

_____ I GIVE the above-named individual(s) permission *to request refills and pick up my prescriptions*. **REFILL ACCESS ONLY.**

_____ _____
Patient Printed Name *Date*

_____ _____
Patient Signature *Date*

Preferred contact number _____

I understand that I can withdraw consent at any time by providing Advanced Pediatrics with written notice indicating the changes in access.