



**Locations:**

1475 Taney Ave, Frederick, MD 21702  
504 E. Ridgeville Blvd, Ste 101, Mt. Airy, MD 21771  
610 Solarex Ct, Ste 200, Frederick, MD 21703  
3020B Ventrie Ct, Myersville, MD 21773  
3430 Worthington Blvd, Ste 204, Frederick, MD 21704

## 18 YEAR OLD+ WAIVER OR CONSENT

At 18 years old, The Pediatric Center of Frederick, LLC cannot share your health information without your consent. This document grants or denies permission to share your health information.

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient Cell: \_\_\_\_\_ Patient Email: \_\_\_\_\_

- I do **NOT** give permission to share any of my information (*you can skip to the signature at bottom of page*)
- I do **give** permission to share the identified information below to the following person:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please select the types of information you would like to share:

- Appointment times
- Immunization records
- Medication lists
- Lab results
- X-Ray results
- Visit notes
- Emergency/Life threatening circumstances
- Billing

Please select if you give permission to share information regarding:

- Sexually transmitted infections, including HIV
- Pregnancy/ sexual health/ birth control
- Substance use
- Mental health information

How can we share the information:

- Verbal conversations
- Written/Electronic copies

Is there any other information that you would NOT like us to share?

\_\_\_\_\_

### Consent Expiration & Signature

***This authorization will expire in 1 year. I understand that I can revoke this authorization by submitting a written request or completing a new form at The Pediatric Center, LLC.***

Signature: \_\_\_\_\_

Date: \_\_\_\_\_