



664 Merrick Road
Baldwin, NY 11510
(516) 771-8123 Fax (516) 208-8343

Patient Responsibility Agreement Over 18 HIPPA Release and Consent

I understand and acknowledge that as of my 18th birthday, my parents and/or guardian will no longer be permitted to access my medical records, information, providers, or appointment status, without my specific written permission. Long Island 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 health care providers and/or medical information as follows: (you must select only ONE option below and initial):

_____ **I HEREBY GRANT** the below 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 Long Island Pediatrics to schedule appointments, discuss my healthcare, and access my health records.

THEY HAVE NO RESTRICTIONS – INCLUDING ACCESS TO THE PATIENT PORTAL. PRINT THE NAME(S) BELOW OF THOSE WHO MAY ACT ON YOUR BEHALF:

(PRINT NAME OF PARENT OR GUARDIAN, INDICATE RELATIONSHIP)

(PRINT NAME OF PARENT OR GUARDIAN, INDICATE RELATIONSHIP)

_____ **I DO NOT GRANT** any access to my parents/guardians NO MEDICAL INFORMATION, RECORDS, APPOINTMENT INFORMATION OR ACCESS TO THE PATIENT PORTAL CAN BE RELEASED

This consent is valid for one (1) year from the date signed. I understand that I can withdraw consent at any time by providing Long Island Pediatrics with a written consent indicating the change in access.

PATIENT NAME (PRINT LEGIBLY) _____
DATE

PATIENT SIGNATURE

Patient Cell: _____ Patient Email: _____

Preferred Contact Method: (circle one for each method): Message and Data rates may apply; check with your carrier

Medical Issues: Cell phone / Text to cell / email

Appointment reminders: Cell phone / Text to cell / email

Recall Notices: Cell phone / Text to cell / email

Billing Statements: Cell phone / Text to cell / email

General Practice Notices: Cell phone / Text to cell / email

Patient Portal Access: No / Yes if yes use email: _____