



Consent to Share Information with Parents (18 year olds)

Patient Name: _____

DOB: _____

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

At Valley of the Sun Pediatrics we believe that parents should be partners in their children's care at every age, however the patient must give permission to share this privileged information.

_____ I give permission to Valley of the Sun Pediatrics to share my medical records as follows (initial as appropriate)

_____ All medical records

_____ All Medical records except _____

Medical records may be shared with:

_____ Mother

_____ Father

_____ Other (list, including step parents) _____

_____ I do not consent to sharing my medical records.

Patient's Name: _____



Patient's Signature: _____

Date: _____