

**San Diego Uptown Pediatrics Medical Group**

3500 5th Avenue Suite 101

San Diego, CA 92103

Tel.: (619) 295-3911

Fax: (619) 295-4356

---

**Proxy Access for Minor Patients 12- 17 Years of Age**

The undersigned patient ("Patient") hereby grants to the undersigned parent or legal guardian of Patient ("Parent"), and Parent hereby requests to be granted, proxy access to Patient's health and other information ("Patient Information") and understand that by doing so Patient waives all rights related to privacy and confidentiality of Patient Information with Parent (including, the privacy practices of the San Diego Uptown Pediatrics), with the exception of treatment for the following conditions that remain confidential in accordance with California state law: sexually transmitted diseases, pregnancy, contraception, substance abuse treatment, and mental health disorders. Patient represents and warrants that he or she is a minor with the ability to enter into agreements relating to the consent to access and waiver of rights involving highly sensitive medical data. Parent represents and warrants that he or she is the parent or legal guardian of the minor patient with the ability to enter into agreements relating to the consent to access and waiver of rights involving Patient's medical data. Patient and Parent further understand and acknowledge that (a) San Diego Uptown Pediatrics can rely on this waiver and consent until revoked by either Patient or Parent in writing; (b) by providing this waiver and consent Parent has no fewer rights to access Patient Information than Patient has; and (c) Patient and Parent waive all rights and remedies relating to Parent's use or misuse of Patient Information that San Diego Uptown Pediatrics provides Parent pursuant to this Express Waiver and Consent. Please note that if this waiver and consent is revoked, such revocation will not affect any action taken in reliance on this waiver and consent prior to such revocation. Either Patient or Parent may revoke this Proxy Express Waiver and Consent, by calling San Diego Uptown Pediatrics at (619) 295-3911.

**Patient Information**

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

Patient Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

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

**Proxy Information**

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

Email address: \_\_\_\_\_

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

Email address: \_\_\_\_\_