ConnextCare™
A Community of Care

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Adolescent Confidentiality / Release Form

(Individuals 12-17 years of age)

Patient Name	Date of Birth	Cell phone#
Street Address	City	State Zip

I understand that certain mental health, sexual/reproductive health, and substance abuse services information that I discuss with my provider will be confidential. I may limit authorization for ConnextCare to speak with my parent(s)/guardian(s) regarding my medical care or, I may authorize ConnextCare to communicate fully with my parent/guardian. **I also understand that in certain situations providers may be bound by law to disclose information.**

I hereby authorize ConnextCare to communicate or release the following information to my parent/guardian listed on this form (check all that apply):

You can choose to allow full access to your parent or guardian:

- ❑ ***FULL ACCESS*** to my patient portal and medical records

Or, you can limit information to (check all that apply):

- ❑ ***SHARE*** Appointment scheduling & reminders
- ❑ ***SHARE*** Medication requests/refills
- ❑ ***SHARE*** Referrals
- ❑ ***SHARE*** Insurance/billing
- ❑ ***DO NOT SHARE*** Medical care/treatment/lab results of (Check all that apply):
  - ❑ Substance/Alcohol use or treatment,
  - ❑ Sexually Transmitted Disease (STD),
  - ❑ Reproductive health care including birth control, abortion, pregnancy, etc.
  - ❑ Genetic testing,
  - ❑ HIV testing, AIDS diagnosis/treatment,
  - ❑ Mental Health Treatment,
  - ❑ Gender Identity and/or Transgender counseling and/or treatment
  - ❑ Other protected information (please specify) _____

Name(s) of Parent/Guardian/Advocate: _____

Relationship to patient: ❑ Parent(s) ❑ Other _____

Address: _____

Telephone(s) #: _____

This authorization will expire upon written revocation or once I have left the practice of ConnextCare. I understand that **I may revoke this consent at any time** by completing a new copy of this form. I also understand that such revocation does not affect any actions previously taken by ConnextCare.

Signature:_____ Date: _____