



Consent for Contact 18+

In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications or that a communication of the PHI be made by alternative means, such as sending correspondence to the individual's office instead of their home.

1. I wish to be contacted in the following manner:

Patient Name _____ Contact Number: _____

Email: _____

_____ *It is NOT ok to leave a message with details*

2. Parent contact authorization - Now that you are over age 18, please check here to provide permission for your parent/s to contact us on your behalf and for OPP staff/ doctors to communicate with your parent/s. I give authorization to Oak Park Pediatrics to discuss/leave a message regarding the information below with the person listed here:

Parent 1: : _____ Parent 2: _____

Contact Number: _____ Contact Number: _____

Check if you would like your parent to be able to:

- ___ Schedule appointments
- ___ Receive appointment reminders
- ___ Discuss account information such as billing/amount due
- ___ Treatment/test results

Note: the following information will only be disclosed if specifically checked below:

- ___ Behavioral/Mental Health Information can be discussed
- ___ Drug/alcohol diagnosis, treatment and referral information can be discussed
- ___ Information about sexually transmitted diseases can be discussed
- ___ Birth control can be discussed
- ___ Pregnancy can be discussed
- ___ HIV/AIDS related health information can be discussed

Signature of patient : _____ Date: _____