PCC#_____

Cary/Apex/Fuquay-Varina
Pediatrics Center

Over 18 HIPAA Release and Authorization Form

I understand and acknowledge that as of my 18th birthday, my parents and/or guardians will no longer be permitted access to my medical records, information, providers, or inquire about appointment status without my specific written permission. Cary/Apex/Fuquay-Varina Pediatrics will not release medical information to my parents without my written authorization in accordance with this document.

_____ **I DO NOT** grant any access to my parents and/or guardians. **No medical information, records or appointment status information can be discussed or released.**

_____ **I WISH TO** grant my parents and/or guardian access to my healthcare providers and/or medical information as follows:

_____
(Print Name of the parent or guardian; indicate his/her relationship to you.)

_____
(Print Name of second parent or guardian; indicate his/her relationship to you.)

_____ I give the above-named individual(s) permission to act on my behalf with no limitations. I understand that they may contact any provider or staff member to discuss my healthcare, and access my complete medical records. **THEY HAVE NO RESTRICTIONS.**

_____I give the above-named individual(s) permission *to request refills and pick up my prescriptions.*

_____I give the above-named individual(s) permission to *access my chart in the patient portal.*

_____ _____
PATIENT PRINTED NAME DOB

_____ _____
PATIENT SIGNATURE DATE

_____
PATIENT CONTACT NUMBER

I acknowledge that I have received the Notice of Privacy Practices _____. (Initials)

This authorization is valid for one year from the date signed. I understand that I can withdraw consent at any time by providing Cary/Apex/Fuquay-Varina Pediatrics with written notice indicating the changes in access. I understand that authorizing this disclosure of this health information is voluntary. I need not sign this form to assure healthcare or treatment. I understand that once the above information is disclosed it may be re-disclosed by the recipient and may no longer be protected by federal or state privacy regulations.