



Surfside Pediatrics

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TRANSITIONAL YOUTH CONSENT FORM

The federal Health Insurance Portability and Accountability Act of 1996 (HIPPA) was established to protect the privacy of patients' health information. Now that you are 18 years old, your medical information cannot be shared with your parents, family member or anyone else unless you grant permission. Please read through the following information below and indicate which area of your medical care you would like to disclose and for what set period of time.

I hereby authorize the following person _____
relationship to patient mother father other _____

to speak to Surfside Pediatrics on my behalf regarding (check all that apply):

- labs** (specific date _____ all dates)
- mental health (depression, anxiety, ADD, eating disorders)** (specific date _____ all dates)
- sex (sexual activity, sexual orientation, STDs)** (specific date _____ all dates)
- prescriptions** (specific date _____ all dates)
- office visit** (specific date _____ all dates)
- other notes:** _____

Patient name _____

Date of birth ____/____/____

Signature _____

Date _____