

South East Bay Pediatric Medical Group, Inc

FELLOWS OF AMERICAN ACADEMY OF PEDIATRICS
INFANTS CHILDREN TEENAGERS

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Patients 18 Years of Age and Older

For patients 18 years of age and older, we wanted to discuss how privacy laws affect you and your family.

For patients 18 year of age and older, we as a medical group are not permitted to discuss any aspect of your care without your expressed permission detailing what portions of your personal health information (PHI) we may discuss with anyone else, including your parents.

When you come to an appointment, you are usually by yourself in the exam room with the doctor. If another person such as a parent, sibling, or friend is present and you want privacy, we expect you to ask them to leave the room. Otherwise we will presume that we have your implied consent to conduct your appointment with that other person(s) present. This "implied consent" is standard practice across the nation for when adults see their own doctor.

Attached is a pre-printed waiver that allows us to disclose some or all of your PHI to whoever you wish. If you do not sign this form, we will follow the law and not discuss any part of your care with anyone else. (Exceptions to the law include other MDs caring for you, insurance companies, and billing services.)

For example, an 18 year old patient with a chronic medical problem such as ADHD may wish for South East Bay Pediatrics to only discuss the medical issues related to ADHD with the patient's parents, but still wish to keep all other personal health information private.

South East Bay Pediatric Medical Group

When a patient turns 18 years of age, privacy laws come into effect. We are not permitted to discuss any aspect of the patient's care without expressed written consent from the patient detailing what portions of his/her case we may discuss. This includes release of any information involving issues that were addressed even before the 18th birthday.

We know that this may come as a surprise to parents as their 18 year old (or older) children are living at home and still under their parents' insurance plan. However, this is the law in order to protect patient privacy and confidentiality especially with regards to medical information.

If you have any questions, please do not hesitate to ask.

Sincerely,

South East Bay Pediatric Medical Group

Patient Name: _____ Date: _____

Date of Birth: _____

**Authorization to Disclose Health Information for
Patients 18 Years of Age and Older**

I, _____, am giving permission for South East Bay Pediatric Medical Group to disclose the portion of my personal health information (PHI) regarding:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Immunizations | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Growth charts | _____ |
| <input type="checkbox"/> Lab results | _____ |
| <input type="checkbox"/> Appointment scheduling | _____ |
| <input type="checkbox"/> Insurance | |

- All PHI with the EXCEPTION of:
- reproductive health and contraception
 - sexual activity
 - STD testing and results,
 - mental health
 - drug/alcohol activity
- | |
|---------------------------------------|
| <input type="checkbox"/> Other: _____ |
| _____ |

Note: Information pertaining to reproductive health and contraception, sexual activity, STD testing and results, mental health, and drug/alcohol activity will not be released unless specific consent has been obtained from the patient regarding one or more of these issues.

to the following individuals:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

This authorization will remain in effect unless designated in writing that such disclosure is being rescinded.

Patient's Signature: _____ Date: _____