



ARBOR MEDICAL
PARTNERS

18+ years Consent to Share Health Information with Parents

Patient's Name _____ Date of Birth _____

Patient's Phone Number _____

I understand that by law, 18-year-olds are adults. As adults, they have the right to keep health records confidential (regardless of who pays for their insurance or whether they live at home). Providers at Arbor Medical Partners believe parents should be partners in their children's care at every age. However, it is up to the patient to whom he/she gives permission to share privileged information. Therefore, we ask all our patients over the age of 18 to consent as follows (PLEASE CHOOSE ONE):

I DO NOT give permission to the healthcare providers at Arbor Medical Partners to speak with my parent(s)/legal guardian(s) at any time regarding all healthcare conditions and financial information.

OR

I give permission to the healthcare providers at Arbor Medical Partners to speak with my parent(s)/legal guardian(s) at any time regarding all healthcare conditions and financial information.

I give consent to:

Mother _____ Father _____

Step-Mother _____ Step-Father _____ Other _____

I understand that I may change my mind at a future time and rescind this authorization.

Patient Signature _____ Date _____