Village Pediatrics & Internal Medicine

300 Market St. Ste. 112
Chapel Hill, NC 27516
Phone: 919-969-9611
Fax: 919-969-9615

_____ _____

Printed Patient Name Date Of Birth

Over 18 HIPAA Release & 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 be able to inquire about appointment status without my specific written permission. Village Pediatrics will not release medical information to my parents and/or guardians without my written authorization in accordance with this document.

___ **I DO NOT** grant any access to my parents and/or guardians. **No medical information or records or appointment status information may 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 Relationship

_____

Print Name of the parent or guardian Relationship

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

___ I give the above name individual(s) permission to request refills and pickup my prescriptions.

___ I give the above named individual(s) permission to access my chart in the patient portal.

_____ _____

Patient Signature Today's Date

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

_____ I understand that this authorization is valid for one year from the date signed and that I may withdraw consent at any time by providing Village Pediatrics with written notice indicating my preferred changes in access. I understand that authorizing this disclosure of this health information is voluntary and I need not sign this form again 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.