



AGC Pediatrics, LLC

Designation of another Person to

Consent and Discuss Protected Health Information (18 Years and Older)

Our first priority at AGC Pediatrics, is the safety and wellbeing of our patients. In order for us to maintain and enforce this we must follow certain guidelines issued by federal and state law. When you turn 18, or older, seeking medical care is a new responsibility. As an adult, you have the right and responsibility for your medical care.

Unless certain consent is given, we are not permitted to discuss with your parents or anyone about your health care. Your parents or anyone can only be involved if you provide written consent.

Patient Name _____ **DOB** ____/____/____
MRN _____

Description of the specific information to be used or disclosed:

1 All Information

Or Specific information like the following:

#2 Pick-up Patient Records

#3 Cancel, reschedule and make appointments for the patient

#4 Call to get Patient's results or be given patient's results

#5 Pick-up patient's medication prescriptions, medicine/samples

Please identify which # applies to the individual and place the number at the beginning of the line beside the person's name. **If number is not listed, this form is considered void and will not be use as a consent.**

_____	_____	_____	_____
#	Name	Relationship to Patient	Phone number
_____	_____	_____	_____
#	Name	Relationship to Patient	Phone number
_____	_____	_____	_____
#	Name	Relationship to Patient	Phone number
_____	_____	_____	_____
#	Name	Relationship to Patient	Phone number

Signature: _____ **Date:** ____/____/____

Patient Phone Number: _____