

**18 YEARS AND OLDER CONSENT TO SHARE HEALTH INFORMATION WITH  
PARENTS / GUARDIANS**

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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 Wassaja Memorial Health Center believe parents/guardians 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 privilege information. Therefore, we ask all of our patients 18 years and over to consent as follows:

I give permission to healthcare providers at Wassaja Memorial Health Center to speak with my parent(s)/legal guardian(s) at any time regarding medical condition(s) that may affect me, including my health status and/or treatment relating to:

- All healthcare conditions
- My health status, excluding sensitive conditions<sup>1</sup>

Consent given to:

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Mother _____ | <input type="checkbox"/> Step-Mother _____ |
| <input type="checkbox"/> Father _____ | <input type="checkbox"/> Step-Father _____ |
| <input type="checkbox"/> Other _____  |  |

- I do NOT give my consent to any provider to speak with my parent(s)/guardian(s) of my healthcare conditions.

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

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Print Name

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<sup>1</sup> Sensitive conditions include alcohol or drug use, sexual activity, pregnancy or sexually-transmitted diseases, and mental health issues.