Arizona Community Physicians
Minor Release of Information Form

Account #_____

Patient Name: _____DOB:_____Date:_____

The confidentiality of our patient's medical information is very important to us. We understand there may be circumstances in which a family member or other adult needs access to your child's health information.

Please list the names and phone numbers of anyone who has your permission to have access to your child's medical records. This information is not limited to but may include appointments, billing information and test results.

Parent/Guardian Name:_____Contact Number:_____

Parent/Guardian Name:_____Contact Number:_____

Other Adult: _____Contact Number:_____

Other Adult: _____Contact Number:_____

I give permission for my child to be taken to their medical appointments by:

Name:_____Relationship:_____

Name:_____Relationship:_____

Permission is granted to leave detailed messages regarding appointments, test results or other imperative information at the following phone numbers:

Name:_____Phone Number:_____

Name:_____Phone Number:_____

DO NOT RELEASE Information to the following people (Legal directive must be provided if parent or guardian):

Name: _____ Name:_____

Please initial if your child is **16 years old or older** and you give permission for them to be seen without an adult:

_____ I give permission for my child to be seen without the presence of an adult.

_____ I give permission for my child to have minor procedures or immunizations without the presence of an adult.

I acknowledge that the information above is accurate and that I may withdraw the terms of this agreement upon written notice.

Parent Name:_____ Date:_____

Parent Signature:_____

Note: This is a general consent form and is not a substitute for separate written informed consent discussing risks, benefits, and possible side effects of treatment when required (e.g., invasive procedures and immunizations). Offices treating minors will need to ensure the parent/legal guardian has separately signed and authorized the procedural or VIS vaccine forms, prior to the appointment, when permitting their child to come to the visit unaccompanied.