

**ADULT PATIENT AUTHORIZATION FORM**

**Patient Name:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

As an adult patient of Upper Valley Pediatrics, I hereby authorize the medical staff of UVP to release/discuss my health information, with the individual(s) indicated:

\_\_\_\_\_ (name) \_\_\_\_\_ (relationship)  
\_\_\_\_\_ (name) \_\_\_\_\_ (relationship)  
\_\_\_\_\_ (name) \_\_\_\_\_ (relationship)

**ONLY as indicated herein:**

\_\_\_\_\_ ANY & ALL information with no exceptions.

**OR**

\_\_\_\_\_ ANY & ALL information **EXCEPT:**

- \_\_\_\_\_ Scheduling appointments for me
- \_\_\_\_\_ Request prescriptions / prescription refills
- \_\_\_\_\_ Contraception management
- \_\_\_\_\_ Sexually transmitted disease(s)
- \_\_\_\_\_ Drug/Alcohol use/abuse
- \_\_\_\_\_ Other: \_\_\_\_\_

I understand that UVP will continue to make appointment reminder calls / leave appointment reminder messages at the phone number(s) linked to my account. Patient name, date & time of appointment & name of provider is the only information given, no health information will be provided in these calls/messages, and I hereby approve this.

I understand that the entirety of this authorization will remain in effect until such time as I revoke or change it *in writing.*

\_\_\_\_\_ (signature) \_\_\_\_\_ (date)

This form would also apply to patient (not over 18 y.o.a.) consent/authorization in the following situations.

In Vermont, there are no laws that specifically address the issue of parental consent for teens receiving the following services:

- Reproductive health (including contraceptive services, abortion, pre-natal care)
- Outpatient mental health

**Therefore, there are no laws that require parental consent for these services.**

**Vermont statute specifically states that parental consent is not required** for minors (12 and over) seeking treatment and/or hospitalization for alcoholism, drug abuse, and STDs **or** minors **age 14 and older** seeking inpatient mental health treatment. However if immediate hospitalization is necessary, providers are required to notify parents in some cases.

In cases where *the safety of a minor is dependent upon the sharing of information* with a parent; *parental consent would be required.*