CONFIDENTIAL AGREEMENT

Parent

I, _____(parent or guardian), allow

_____(patient), to enter a confidential patient-physician relationship. I understand that she can make independent health care decisions, but that my input and involvement will be encouraged.

_____(patient) has permission to schedule appointments and receive confidential reports from this office. I further understand that various laboratory tests may be necessary in medical protocols and accept responsibility for physician charges and laboratory fees.

_____

Parent or Guardian/Date

_____

Physician/Date

Patient

I, _____(patient), am entering a

confidential physician-parent relationship with_____ (physician). I will make an effort to communicate with my parent(s) or guardian(s) about issues concerning my health. I accept the personal responsibility of being honest and will follow the health care recommendations my physician and I establish.

_____

Parent or Guardian/Date

_____

Physician/Date