

Kids First Pediatrics on 30

Tae’Ni Chang-Stroman, MD, PC • Dyer, Indiana

Adult Patient Privacy Rights & Authorization

Patients Age 18 and Older

Patient Full Name

Date of Birth

As of your 18th birthday:

- Your parent or guardian no longer has automatic access to your medical records.
- We cannot discuss your care or share your records with anyone without your written permission.
- We cannot grant portal access to anyone without your written permission.
- Any access you grant below remains in effect until you revoke it in writing.
- **You are under no obligation to authorize access to your information. Should you wish to do so in the future, this form is available upon request at any time.**

AUTHORIZATION *(check all that apply)*

I authorize the following person(s) to access my information and/or be discussed with:

Name / Authorized Person 1 _____
Relation Portal: Yes No _____
Cell #

Name / Authorized Person 2 _____
Relation Portal: Yes No _____
Cell #

To revoke: Submit written notice in person, by mail, or through the patient portal. Verbal revocations are not accepted. A new form may be completed at any time.

PATIENT SIGNATURE

I am 18 or older and the above reflects my wishes, given freely and voluntarily.

Patient Signature

Patient Printed Name

Date

FOR OFFICE USE ONLY

Received by

Date

Entered & Flagged in Develo: Yes

Portal contacts updated as requested above: Yes