KIDS FIRST
Pediatric Group, LLC

MR# _____

Family and Friends Waiver

18 & OVER - Patient Communications Agreement

I understand and acknowledge that as of my 18th birthday, my parents and/or guardians will no longer be permitted access to my medical records, information, providers, or appointment status without my specific written permission. Kids First Pediatric Group, LLC (KFPG) will not speak with my parents, permit my parents to schedule appointments, or release medical information to my parents without my written consent in accordance with this document.

_____ **I DO NOT** grant access to my parents and/or guardians**. No medical information, records or appointment information can be discussed or released.**

-OR SELECT OPTION BELOW-

I WISH TO grant my parents and/or guardian access to my healthcare providers and/or medical information as follows:

_____

(Print Name of primary parent or guardian; indicate his/her relationship to you.)

_____

(Print Name of second parent or guardian; indicate his/her relationship to you.)

_____ I give the above named individual(s) permission to act on my behalf with no limitations. I understand that they may contact any physician or member of the staff of KFPG to schedule appointments, discuss my healthcare, and access my complete medical records.
THEY HAVE NO RESTRICTIONS.

_____I give the above-named individual(s) permission to contact and speak with any physician or member of the staff of KFPG for *the sole purpose of scheduling an appointment.* NO access to my medical record or information regarding my care can be discussed or provided.
APPOINTMENT ACCESS ONLY.

_____ I give the above-named individual(s) permission *to request refills and pick up prescriptions*.

_____ _____
PATIENT PRINTED NAME/DOB DATE

_____ _____
PATIENT SIGNATURE KIDS FIRST PEDIATRIC GRP. WITNESS

This consent is valid for one year from the date signed. I understand that I can withdraw consent at any time by providing Kids First Pediatric Group, LLC with written notice indicating the changes in access.