

Drs. Roth, Rotter & Laster

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Adolescent Consent to Share Medical Information with Guardian or Parent

Now that you are 18, we are prohibited from discussing your medical information with anyone without your written permission. There are times when you would like us to include your parents in the discussion but can't because we do not have your signature. This permission slip will be in your record, so that we can have the necessary conversation **when you give us verbal permission.**

We would not discuss anything with anyone other than medical personnel your permission.

I agree to the above:

Name: _____ Date: _____

Cell: _____ Email: _____