5100 W Hwy 290, Bldg 2, Ste 110
Austin, TX 78735
512-454-0406
512-4544380

THE 18 Adult Form

18 years of age (ADULT)
MEDICAL INFORMATION RELEASE FORM

Patient Name: _____ Date of Birth: _____

Patient Phone Number: _____

In Texas the age of majority is 18, which means you are no longer a minor and are legally recognized as an adult. When you were a minor your parent(s)/legal guardian(s) were your personal representative(s) and had access to your personal healthcare information (PHI). Once you turn 18, your PHI becomes confidential and you take full control over your healthcare. This complies with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

You do have the option to give medical consent to certain individuals but are not required to (even if you are on their insurance). I authorize Austex Pediatrics to release confidential Health information about me verbally or in writing to the following individuals:

FIRST NAME	LAST NAME	RELATIONSHIP

By leaving this blank I am stating I do not authorize anyone else, other than myself, to communicate with Austex Pediatrics about my personal health information.

What type of access do you authorize? Select one.

- ○ I give the above-named individual(s) permission to act on my behalf with no limitations.
- ○ I give the above-named individual(s) permission to act with limitations in regards to restrictions about my sexual health, mental health, and substance use history.
- ○ I give the above-named individual(s) appointment scheduling access only. No medical access or information is given.

I understand this authorization will remain in effect from signature date indefinitely and can be amended

or revoked in writing at any time.

Patient Signature	Date