

## MEDICAL CARE AFTER AGE 18 AGREEMENT

Date \_\_\_/\_\_\_/\_\_\_

PATIENT/CLIENT NAME

DATE OF BIRTH

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LAST

FIRST

M

D

Y

Dear Parents and Patients,

We are pleased to offer you the option to continue your medical care at New England Pediatrics after the age of 18 and/or after your graduation from high school. If you choose to continue your care with NEP, these guidelines will apply:

- 1.) Once you reach your eighteenth birthday, you are legally considered an adult in regard to medical decisions and medical care, even if you are still covered by a parent's insurance plan. Without your written consent, our doctors cannot discuss any aspects of your care with your parents. You will have to initiate all contact with us if there are questions or concerns. Alternatively, you may sign a 'Age 18 Consent to Release Patient Information' if you would like a parent or guardian to communicate with us on your behalf.
- 2.) Since college students spend about half of the year away at school and the other half in their home town, our physicians will be happy to see you for your medical care when you are local. We cannot help you with acute medical problems from a distance and encourage you to use your student health service resources. We will not be able to prescribe medication over the phone, or diagnose new medical problems without seeing you in person.
- 3.) If you are away at school and plan to continue medications which we have prescribed for the treatment of chronic problems such as asthma, allergies, ADHD, etc., we must see you in person periodically if we are to renew these prescriptions. If a patient requires close monitoring, we may ask that you see a physician regularly near your school.
- 4.) Although we will provide general medical care, we encourage our female patients to see a local gynecologist prior to going away to school. A list of recommended doctors is available.
- 5.) If you do not plan to continue with our practice after your eighteenth birthday, you should request your records at your last physical, or at the latest, within six months after high school graduation. A list of local internists is available.
- 6.) If you do stay with our practice after age 18, we will expect you to transfer your records and future care to an internist and/or a gynecologist before your 21st birthday. Once you choose an internist, please request your records and allow one week for preparation. Each patient over eighteen must sign a specific records release form, and must retrieve their medical records in person, unless we have written permission for a parent or guardian to do so.
- 7.) If you plan to remain a patient of New England Pediatrics, please sign this agreement to indicate you understand and agree to the foregoing terms.

I have read and understand the conditions presented above in regard to remaining a patient.

I hereby choose to continue as a patient of New England Pediatrics after my eighteenth birthday.

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PATIENT NAME (PRINT)

PATIENT SIGNATURE

CELL PHONE NUMBER

## AGE 18 AGREEMENT To Release Patient Information

PATIENT/CLIENT NAME

DATE OF BIRTH

LAST

FIRST

M

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### WHO MAY ACCESS YOUR HEALTH CARE RECORDS

*I give the following adults permission to receive my health records including but not limited to X-rays, immunizations, lab results, prescriptions or to act on my behalf in my absence.*

NAME (PERSON AUTHORIZED TO ACCESS RECORDS)

PHONE

RELATIONSHIP TO PATIENT

NAME (PERSON AUTHORIZED TO ACCESS RECORDS)

PHONE

RELATIONSHIP TO PATIENT

NAME (PERSON AUTHORIZED TO ACCESS RECORDS)

PHONE

RELATIONSHIP TO PATIENT

*For confidential records of a psychiatric, sexual, drug or alcohol nature, the above named person(s) may also have access to my records, test results, and prescriptions as follows:*

### THE FOLLOWING INFORMATION WILL NOT BE RELEASED UNLESS THIS SECTION IS CHECKED OFF AND SIGNED

YES

NO

PATIENT SIGNATURE

DATE

Psychiatric Records

Sexual Records

Drug & Alcohol Records

- I understand that if the person or the entity that receives this information is not a health care provider or health plan covered by the federal privacy regulations, the information described above may be redisclosed and no longer protected by those regulations.
- I understand that there may be medical records from another doctor or another medical facility in my chart.
- I understand that I may refuse to sign this authorization and that my refusal will not affect my ability to obtain treatment or payment or my eligibility for treatment.
- I understand I may revoke this authorization in writing at any time by submitting a written notice of my revocation, except to the extent that action has been taken in reliance on this authorization.

*These authorizations are valid unless and until they are revoked, in writing, and presented to the records office of New England Pediatrics LLP.*

PATIENT SIGNATURE

DATE

*Please see the reverse side of this form for special disclosure information regarding Mental Health, Drug and-or Alcohol Abuse, and HIV-related information.*

ROSEMARY E. KLENK, MD • DOROTHY A. LEVINE, MD • ALAN H. MORELLI, MD • TODD R. PALKER, MD • JASON M. DAVIS, MD

NEW CANAAN • 183 Cherry Street, 06840 • 203.972.5232 • FAX 203.972.5234 • STAMFORD • 166 West Broad Street, 06902 • 203.323.1770 • FAX 203.348.1501 • www.nepeds.com

## TO THE RECIPIENT OF THESE MATERIALS

In the event that any of the disclosed information includes HIV/AIDS information, this is protected under state law as follows:

“This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by said law. A general authorization for the release of medical or other information is NOT sufficient for this purpose.”

Any oral disclosure shall be accompanied or followed by the above notice.  
*See Connecticut General Statute section 19a-585.*

**PSYCHIATRIC COMMUNICATIONS:** If the released material contains confidential psychiatric communication, as designated in C.G.S. sections 52-146d through 52-146i, inclusive, please note the following:

“The confidentiality of this record is required under Chapter 899 of the Connecticut general statutes. This material shall not be transmitted to anyone without written consent or other authorization as provided in the aforementioned statutes.”

A copy of the consent form setting forth any limitations shall accompany the disclosure.

**DRUG & ALCOHOL TREATMENT:** No person, hospital, treatment facility or department of health may disclose or permit the disclosure of the identity, diagnosis, prognosis or treatment of any patient in a treatment for drug and/or alcohol abuse that would be in violation of federal or state law. In the event that the records contain information regarding drug and/or alcohol abuse treatment, please note the following legal requirements and prohibitions:

“This information has been disclosed to you from records protected by federal and state confidentiality rules (2 C.F.R. Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.”

*See Connecticut General Statute section 17a-688.*

## Internal Medicine



### STAMFORD

<b>PrimeCare Medical (3 locations)</b> Drs. Shara Israel, Cathy Troy, Laurie Gordon, Shira Vadel Drs. J. Costanza, Debra Daunt, Celeste Cox, Thomas Vietorisz Drs. Mike Zucker, Vernetta Gallop	51 Schuyler Avenue, Stamford  80 Mill River Street, Suite 2400 Stamford  555 Newfield Ave, Stamford	203-327-1187  203-348-9455  203-359-4444
<b>Fairfield County Personal Medicine</b> Drs. Craig Olin, Remi Rosinberg (no insurance)	5 High Ridge Park, Suite 103 Stamford CT	203-276-4644
<b>Personal Physicians of CT</b> Dr. Fred Slogoff (no insurance)	5 High Ridge Park, Suite 104 Stamford	203-968-9500
<b>Shoreline Medical</b> Drs. Dorf, Ozols, Listoken, Karp, Meyers, Inandar	1450 Washington Blvd, Stamford 161 Cherry Street, New Canaan	203-327-9321 203-966-6305
<b>Medical Associates of Stamford</b> Drs. Adler-Klein, Morris, Plansky, Slutsky, Tuluca, Vinnick	1100 Bedford Street, Stamford	203-323-4458

### NEW CANAAN

<b>Shoreline Medical</b> Drs. Dorf, Ozols, Listoken, Karp, Inandar	161 Cherry Street, New Canaan 450 Washington Blvd. Stamford	203-966-6305 203-327-9321
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### NORWALK

<b>Norwalk Internal Medicine Service</b> Drs. Pam Jackson, M. Restrepo	148 East Ave Suite 2C, Norwalk	203-852-4305
<b>Soundview Medical</b> 21 Doctors, multispecialty	761 Main Ave Suite 2, Norwalk	203-838-4000

## Gynecology



Dr. Michele Brown	999 Summer St., Stamford	203-353-1446
Dr. Sara Coca	161 Cherry St, New Canaan	203-801-4318
Drs. Stephen Gallousis, Janine Popot, Melinda Ciulla	1500 Post Rd., Darien	203-276-4282
Dr. Carol Fucigna	396 Danbury Rd., Wilton	203-834-2237
Drs. Lisa Dishongh, Marjan Hedayatzadeh, Astrid Hoffman-Olsen, Elaine Morganelli, Gary Besser, George Heading, David Weinstein	190 West Broad St., Stamford	203-325-4321
Dr. Irene Komarynsky	166 West Broad St., Stamford	203-325-9920
Drs. Vito Ferrucci, Len Ferrucci, John Morris, Tania Nisimblat Bodnar	833 Summer St., Stamford	203-325-4665
Dr. Corrine deCholnoky	166 West Broad St., Stamford	203-325-9710
Drs. Robert Gennaro, Shieva Ghofrany, Patrick Cahill	1275 Summer St. A-2, Stamford	203-353-9099
Dr. Stephanie Goldpin	22 Fifth Street, Stamford	203-356-1404
Drs. Russel Turk, Karen Zino	1200 E. Putnam Ave., Riverside	203-637-3337
Dr. Richard Viscarello (high risk OB)	1275 Summer Street, Stamford	203-978-5775