

Confidentiality Agreement

Parent

I,		(parent/guardian), allow
(pa	ntient), to en	nter a confidential patient-physician relationship. I
understand that she can make independent hea	lth care dec	cisions, but that my input and involvement will be
encouraged.	(t	(patient) has permission to schedule appointments
and receive confidential reports from this office	ce. I furthe	er understand that various laboratory tests may be
necessary in medical protocols and accept responsibility for physician charges and laboratory fees.		
Parent or Guardian		Date
Physician		Date
Patient		
I,	(patient),	am entering a confidential physician-patient
relationship with		(physician). I will make an effort to
communicate with my parent(s) or guardian(s) about issues concerning my health. I accept the personal		
responsibility of being honest and will follow the	he health car	are recommendations my physician and I establish.

Patient

Date