



Virginia Pediatric & Adolescent Center, P.C.



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At Virginia Pediatric and Adolescent Center, we take the confidentiality of you and your medical records very seriously, and we strive to always be in compliance with HIPAA privacy rules and regulations.

It is common that our 18 year and older patients need to have a copy of their vaccine records or ***routine*** labs be released for college, a college sport, a job or studying abroad, etc. It is often also the case that while at college or away from home, such patients are not in a position to give written consent for that information to be given to their parent(s) or authorized adult.

In an effort to avoid such situations, we ask that you sign a release of information pertaining only to your growth records, vaccine records and routine labs (Blood count, Cholesterol, Tuberculosis Testing, Routine urinalysis and Sickie Cell Screening and Chest X-ray in some situations), so that in such circumstances, we can give that information to your parent(s) or adults of your choosing.

It is also our policy that once you turn 18, we do not release ANY other aspect of your chart (notes, consults, non-routine labs) to anyone without explicit consent from you. In those situations, we will release that information only on an as needed basis with consent obtained from you at that time. In the event that written consent is not possible, we ask that you provide us with your cell phone number ahead of time, so that we can contact you directly to receive verbal consent.

If you agree to the release of your growth records, vaccine records and routine labs to your parent(s) or other adult, please sign the Authorization below.

I _____ give permission to Virginia Pediatric and Adolescent Center to release the following parts of my medical record (unless crossed out) to my parent(s) and/or others named here _____: Growth Record, Vaccine Record and/or ROUTINE labs (specifically: Blood Counts, Cholesterol Level, Tuberculosis Testing Results, Sickie Cell Screen Results, Chest X-ray, Prescriptions, Refills, and Referrals).

Signature: _____

Date: _____

Cell Phone: _____