Pediatric (0-17) General Authorization to Share Information with a non-parent/guardian

Trinity Health
IHA Medical Group

PATIENT'S NAME: _____

1. **THINGS YOU SHOULD KNOW (PRIVACY NOTICES):**

   A. Understand that this authorization will be in effect until you revoke it.

   B. Further, you may revoke this authorization by providing written notice to your child's physician or by filling out a new authorization to share form.

   C. If you authorize us to share your minor's health information with another person, that person may re-disclose your child's health information because the information is no longer protected by federal regulations.

   D. **Your MINOR'S health care will not be affected if you do not sign this form.**
   E. This form **DOES NOT** authorize the sharing of any "special consent area" information for minors ages 12-17. (Sexually Transmitted Infection testing and treatment including HIV, pregnancy or birth control related items, Substance Use Disorder Treatment, and mental health counseling). The minor will complete a separate form for these areas.

2. **THIS IS WHERE YOU (PARENT/LEGAL GUARDIAN) FILL IN YOUR MINOR'S INFORMATION:**

   PATIENT FULL NAME_____ DATE OF BIRTH: _____

   ADDRESS: _____

   CONTACT PHONE NUMBER(S): _____

3. **THIS IS WHERE YOU FILL IN YOUR (PARENT/LEGAL GUARDIAN) INFORMATION:**

   PARENT/LEGAL GUARDIAN FULL NAME_____ DATE OF BIRTH: _____

   ADDRESS: _____

   CONTACT PHONE NUMBER(S): _____

   RELATIONSHIP TO MINOR: _____

4. **I authorize the sharing of my child's health information with the following individual(s) involved in my minor's care:**

   1. AUTHORIZED PERSON'S NAME: _____

   AUTHORIZED PERSON'S DATE OF BIRTH: _____

   AUTHORIZED PERSON'S CONTACT NUMBER: _____

   AUTHORIZED PERSON'S RELATIONSHIP TO MINOR: _____

   2. AUTHORIZED PERSON'S NAME: _____

   AUTHORIZED PERSON'S DATE OF BIRTH: _____

   AUTHORIZED PERSON'S CONTACT NUMBER: _____

   AUTHORIZED PERSON'S RELATIONSHIP TO MINOR: _____

   PARENT/LEGAL GUARDIAN'S SIGNATURE:

   _____

   DATE FORM WAS COMPLETED: _____