

# MEDICAL CARE AFTER AGE 18 AGREEMENT



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

PATIENT/CLIENT NAME

DATE OF BIRTH

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 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 an '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 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 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 gynecologist before your 22nd 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.) I understand New England Pediatrics (NEP) may obtain my prescription history and preferred medications from a centralized database to assist in my care and I authorize NEP to do so.
- 8.) 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.

PATIENT NAME (PRINT)

PATIENT SIGNATURE

CELL PHONE NUMBER

EMAIL ADDRESS

Rosemary Klenk MD • Alan Morelli, MD • Todd Palker, MD • Jason Davis, MD • Elizabeth Cipolla, MD • Gretchen Crist, MD

NEW CANAAN • 183 Cherry St., 06840 • 203.972.5232 • FAX 203.972.5234 • STAMFORD • 31 Strawberry Hill Ave., 06902 • 203.323.1770 • FAX 203.348.1501 • www.nepeds.com

## AGE 18 AGREEMENT To Release Patient Information

PATIENT/CLIENT NAME

DATE OF BIRTH

\_\_\_\_\_

LAST

FIRST

M

D

Y

### 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.

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## TO THE RECIPIENT OF THESE MATERIALS

**HIV/AIDS INFORMATION:** 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 (42 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.*



# NOTICE OF PRIVACY PRACTICES

## Acknowledgment of Receipt

This document is to be signed by a person legally responsible for the following patients' medical decisions:

\_\_\_\_\_  
PATIENT NAME

I, \_\_\_\_\_, hereby acknowledge that New England Pediatrics has provided me with a copy of its Notice of Privacy Practices that describes how medical information about me may be used and disclosed, and how I can access this information. I understand that if I have questions or complaints I may contact:

**PRIVACY CONTACT:** Jason Davis, MD 203.972.5232

I also understand that I am entitled to receive updates upon request if New England Pediatrics amends or changes its Notice of Privacy Practices in a material way.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

This section is to be completed by New England Pediatrics if unable to obtain written acknowledgement from patient

I made a good faith effort to obtain a written acknowledgment of receipt of the Notice of Privacy Practices from the above-named patient, but was unable to because:

Patient declined to sign this written acknowledgment.

Other (Specify) \_\_\_\_\_

Name of Employee \_\_\_\_\_

Title of Employee \_\_\_\_\_

Date \_\_\_\_\_

# Gynecology



Dr. Michele Brown	53 Old Kings Highway North, Darien	203 353-1446
Dr. Corinne deCholnoky	2001 West Main St., Stamford	203-325-9710
Dr. Irene Komarynsky	1351 Washington Blvd., Stamford	203-325-9920
Dr. Richard Viscarello (high risk OB)	1275 Summer St., Stamford	203-978-5775
<b>STAMFORD HEALTH MEDICAL GROUP:</b> Dr. Elisabeth Aranow Dr. Melindy Ciulla Dr. Janine Popot  Dr. Sara Coca Dr. Stephen Gallousis	292 Long Ridge Rd., Stamford 1500 Boston Post Rd., Darien  161 Cherry St., New Canaan	203-276-4282 203-276-4282  203-276-4282
Dr. Carol Fucigna	372 Danbury Rd., Wilton	203-276-2237
<b>RIVERSIDE OB/GYN:</b> Dr. Russell Turk	1200 E. Putnam Ave., Riverside	203-637-3337
<b>OBSTETRICS &amp; GYNECOLOGY ASSOCIATES:</b> Dr. Lisa Dishongh Dr. Astrid Hoffman-Olsen Dr. Elaine Morganelli Dr. Gary Besser Dr. George Heading Dr. David Weinsten Dr. Stephanie Goldpin Dr. Daniel Cibulsky	190 West Broad St., Stamford	203-325-4321
<b>WOMEN'S HEALTH CT:</b> Dr. Vito Ferrucci Dr. Leonard Ferrucci Dr. John Morris Dr. Tania Nisimblat Bodnar	833 Summer St., Stamford	203-325-4665
<b>COASTAL OB/GYN:</b> Dr. Robert Gennaro Dr. Shieva Ghofrany Dr. Patrick Cahill Dr. Antonios Panagiotakis	999 Summer St., Stamford	203-353-9099