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Parent and Minor Confidential Agreement

The states of Maryland and Virginia, and the District of Columbia grant minors (under 18 years of age) the right to confidential medical care regarding contraception, pregnancy and sexually transmitted disease testing and treatment. We encourage full communication between a minor and her legal guardian.

Whether or not this supplemental form is signed, we will uphold the state and federal laws regarding confidential health care information.

Parent

I, _____ (parent/guardian), allow my daughter, _____ (patient), to enter a confidential patient-physician relationship. I understand that my daughter can make independent health care decisions, but that my input and involvement will be encouraged.

My daughter has permission to schedule appointments and receive confidential reports from this office. I further understand that various laboratory tests may be necessary in medical protocols and accept responsibility for physician charges and laboratory fees.

Parent/ Guardian

Physician

Patient

I, _____ (patient), am entering a confidential physician-patient relationship with _____ (physician), I will make an effort to communicate with my parent(s) about issues concerning my health. I accept the personal responsibility of being honest and will follow the health care recommendations my physician and I establish.

Patient

Physician

SPECIALIZING IN OBSTETRICS, GYNECOLOGY AND INFERTILITY

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