



... caring for infants, children & adolescents

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TEEN CONSENT FORM

THIS FORM IS TO BE FILLED OUT BY THE PATIENT.

I give permission to Candlewood Valley Pediatrics to discuss:

_____ **my entire health record**, which includes all office visits, emergency records (ER, college healthcare, urgent care centers, etc.), immunization records, lab reports, radiology results, (x-rays, MRIs, CT scans), billing, and insurance information

with _____,
Name of person(s) Relationship

_____ **none of my information** with someone other than me.

Patient Portal Access:

_____ **Only patient** access (no one but you may access your portal)

_____ Parent full access **with patient** (you have portal; parent has unlimited access in portal)

_____ Parent full access **without patient** (you have no portal; parent has unlimited access in portal)

Patient Email address

Patient cell phone number

Parent Email address

Parent Email address

Parent cell phone number

Parent cell phone number

I understand that CVP is happy to have me as a patient for sick visits and for checkups as long as I maintain a regular checkup schedule. I understand that, eventually, I will move on to a doctor who treats adults, and when I do, I will inform CVP so that I may have my records transferred to my adult doctor.

Signature _____ Date _____