Adolescent Care Agreement

(Please read and sign if applicable)

We all realize that this is a special time in your life that involves a lot of physical and emotional changes. Your doctors want to be available to talk about questions you have, and want you to know that any information you share with your doctor will be kept private. Your parents and your doctors know that this may include talking about sex, drugs or alcohol abuse, and may also include advice about prescribing birth control methods. We all agree that is best to talk openly with your parents, but we understand that you may have special needs during your teenage years that require privacy, and we respect that.

Patient Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

FFPC has permission to provide care to my adolescent child without the presence of a parent or guardian. ◯ Yes ◯ No

Parent /Guardian Signature _____ Date _____