

**PARENTAL AGREEMENT FOR CONFIDENTIALITY
DURING ADOLESCENT APPOINTMENTS**

Dear Parent or Guardian,

A young person is more likely to disclose sensitive information to a physician/nurse practitioner if he or she is provided with confidential services and has time alone with the health care provider to discuss his or her issues.

The most practical reason for the practitioner to grant confidentiality to an adolescent client is to facilitate accurate and appropriate treatment.

Experienced practitioners recognize that candid and complete information can be gathered only by speaking with the adolescent patient alone and by clarifying with whom the information will be shared. If an assurance of confidentiality is not extended, this may create an obstacle to the safe environment of the health care relationship.

Some areas of teenage health that may be talked about during the appointment are:

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|----------------------------------|----------------------------|
| ❖ Diet, exercise, and body image | ❖ Working/Jobs |
| ❖ Fighting, danger, and violence | ❖ Depression and stress |
| ❖ Sexuality and sexual behavior | ❖ Peer pressure and school |
| ❖ Safety and driving | ❖ Relationships |
| ❖ Smoking, drugs, and alcohol | ❖ Family life |

Northeast Pediatrics encourages teenagers to share information about their health with their parents or guardians. However, there will be some things that your teenage son or daughter would rather talk about exclusively with a practitioner at Northeast Pediatrics.

Providing appropriate adolescent healthcare is generally more productive if parents voluntarily agree to **not** request information about the adolescent's private appointments. Northeast Pediatrics asks your permission to keep what is discussed during their appointment to be kept confidential. "Confidential" means Northeast Pediatrics will only share information with you if your teenage son or daughter gives their permission, although, Northeast Pediatrics agrees to share with the parent(s) any information which is necessary for the safety of the adolescent.

I understand that the health care providers at Northeast Pediatrics will determine what information, in his or her professional judgment is appropriate to be shared with the parent/guardian(s) concerning treatment issues, and what information, in the discretion of the practitioners, will remain confidential between the adolescent patient and healthcare provider.

Parental/Guardian Agreement

Date

Witness

Date