

# Children's Medical Group P.C.



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## **Adolescent Confidentiality Statement**

Adolescence is a unique stage of development that requires the support of health professionals who can assist young people as they gradually accept increasing responsibility for their own health and transition from childhood to adulthood.

At Children's Medical Group, we recognize that adolescent health care involves more than routine check-ups. Adolescents have diverse health needs including those related to their physical development, body image, nutrition, sexuality, mental health, use of substances and other risk behaviors. Difficulties within the family, school, or peer group often emerge or manifest as health concerns during the adolescent years.

We want to discuss these issues with your child and offer our help and support. Therefore, as per the guidelines of the American Academy of Pediatrics, we will ask your child (starting at age 13 years old) to complete a brief questionnaire at each well child visit. This questionnaire will be kept confidential between the patient and the physician/provider. We will never force your child to answer questions with which she/he is uncomfortable.

As we strongly encourage adolescents to discuss and maintain a friendly relationship with their parents, confidentiality is promised to the adolescent patient as part of our working relationship. If your child poses a serious risk to herself/himself or to others, we will inform you.

Please help us to better understand your growing child and feel free to express any concerns you have for your adolescent. We appreciate your support as we work together to help your child become a healthy responsible adult.



# **CONFIDENTIAL**

## **Health Survey for Adolescents**

Everyone is faced with choices and situations that are complicated. The purpose of these questions is to give your doctor/provider information to care for you. If you have any questions about these subjects, ask your doctor/provider.

**YOU DO NOT HAVE TO ANSWER THE QUESTIONS.** If you choose not to fill it out, please read the questions anyway because your doctor or provider will want to talk about any questions you may have.

The information you share will be kept **PRIVATE** between you and your doctor/provider unless the information is needed to protect you from immediate danger.