



## Young Adult Release & Consent Form

I, \_\_\_\_\_, born \_\_\_\_\_, give Kids Plus Pediatrics permission to discuss the following information about my health with the following individuals:

1. \_\_\_\_\_, relationship: \_\_\_\_\_
2. \_\_\_\_\_, relationship: \_\_\_\_\_
3. \_\_\_\_\_, relationship: \_\_\_\_\_
4. \_\_\_\_\_, relationship: \_\_\_\_\_

Type of Health Care Information	OK to Share Information With	NOT OK to Share Information With
Anything & everything about my health & health care		
Related to my mental health		
Related to drugs or alcohol		
Related to my sexual health		
About birth control		
About sexually transmitted infections		
About pregnancy		
About my sexual orientation		

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date