



Alaska Center for Pediatrics
BIRTH THROUGH ADOLESCENT CARE

Adolescent Care at Alaska Center for Pediatrics

Alaska Center for Pediatrics is committed to partnering with families of adolescents to prepare for our patients transition to adulthood. As our patients mature, they will learn new skills to become more independent in how they understand and manage their own care. We will work together to make sure our patients are comfortable with each new skill.

We understand patients sometimes have health and emotional concerns which they would prefer to discuss privately with their provider. While we encourage the sharing of health-related information between adolescents and their parents/caregivers, we also respect the need for confidentiality in order to provide the best care possible. Protected Health Information privately discussed without a parent/caregiver in the room can be released to a parent/caregiver with verbal or written consent from the patient and will not be released without such consent. An exception to this practice can be made if the information shared might cause harm to the patient or others.

- Beginning at 13 years of age, visit times will be extended to accommodate health concerns with the patient alone and with family involvement.
- Beginning at 16 years of age, adolescents can be seen alone without a caregiver. We prefer caregivers to accompany their adolescents to visits, but in circumstances where a caregiver is unable to come to a visit – adolescents can be seen on their own. Written consent is required prior to the visit.
- By 18 years of age, all patients will participate in their own care as adults. Modifications can be made for patients with special health care needs. Consent from the patient or legal documentation is required to share information with a parent/caregiver.
- By 22 years of age, our goal is to have patients prepared and transition their primary care to an adult medical provider.

Your signature below indicates your understanding and acceptance of this agreement.

Thank you,

The Staff at Alaska Center for Pediatrics

Today's Date: _____

Patient's Name: _____ Date of Birth: _____

Patient's Personal Phone: _____

Patient's Signature: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

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