



CONFIDENTIALITY STATEMENT PARENT

Parent Information for Pediatric Visits for 12 – 18 year-old adolescents

As children and adolescents mature and become more independent, both psychologically and socially, their physical health may be jeopardized. Risk-taking behaviors are increasingly observed in this age group.

We plan to discuss these issues with your child and offer nonjudgmental support and advice. Confidentiality is promised to them as part of our working relationship. We do encourage them to discuss issues openly with their families. We will inform you if your adolescent poses a serious risk to himself / herself or to others.

Please advise us of any specific concerns that you have regarding risk-taking behaviors or the emotional health of your adolescent.

Please sign below indication your understanding of the information above.

Your Signature: _____ Date: _____

Adolescent's Name: _____

Your relationship to adolescent: _____