



COXHEALTH EXPRESS

Notice to Minor Patients of Right to Restrict Access to Certain Medical Information

Patient Information:

Patient Name: _____ Patient DOB: _____

Patient SSN: _____ Patient Phone: _____

Patient Primary Care Physician: _____

Parent/Legal Guardian Information:

Parent/Guardian Name: _____ Parent/Guardian DOB: _____

Parent/Guardian SSN: _____ Parent/Guardian Phone: _____

I understand that my parents and/or legal guardian have the legal right to talk to my doctors and other medical providers about my past, present and future medical care. I also understand that my parents and/or legal guardian have the legal right to review my past, present and future medical records, online through CoxHealth Express and can also obtain copies of any of my medical and billing records. My medical records include, but are not limited to, photographs, videotapes, lab results, office notes, progress notes, discharge summaries, history and physical reports, x-ray reports and other radiology films, etc.

I understand that I can ask that my parents and/or legal guardian not be notified of or have access to my medical records online through CoxHealth Express under the following limited situations:

- 1) Pregnancy
 - I receive a pregnancy test, and I am not pregnant.
- 2) Venereal Disease
 - I receive an examination or test for a venereal disease, and I do not have one. (Examples include syphilis, gonorrhea, genital warts, herpes, HIV/AIDS and Human Papillomavirus (HPV)).
- 3) Drug/Alcohol/Substance Abuse
 - I receive an examination or test for a drug/alcohol/substance abuse problem, and my doctor or other health care provider does not think I have one.

I understand that in all other situations, my parents and/or legal guardian will have access to my past, present and future medical information and records on CoxHealth Express.

Signature of Minor Patient age 13 and older

Date

Signature of Parent/Legal Guardian

Date

Relationship to Minor