



Dear Parents,

Genesis Pediatrics has always been committed to the privacy of our patients and families. We would like you to know about a few updates to privacy laws. The CURES Act was just recently passed and gives better access for patients to their own electronic medical records. Additionally, New York State requires consent for teens ages 12 years and older before sharing confidential medical information. Through this process, our goal is to help our teens begin to take charge of their own health and medical records.

What will change?

Your teen's patient portal account will be reset one day before their 12<sup>th</sup> birthday. A separate document is included to renew access to the Patient Portal at age 12. This document will need to be reviewed and signed again by your teen at ages 14 and 16.

Starting at age 12, your teen will receive a set of questions about their physical and emotional health at their yearly check-up. Standard screenings will be used for depression, anxiety, tobacco and substance use, sexual activity and other choices which could affect your teen's health. Their answers are considered confidential unless there is an immediate danger to your teen which must be addressed.

Please anticipate that we will request to spend part of the visit with your teen without the parent present. This will help your teen become more independent with their own healthcare.

At age 18, youth legally become adults. We are aware that many of our young adult patients continue to involve their families in health care decisions. At age 18, your young adult's consent will be needed to discuss any personal health information with family members. If the young adult has a condition that prevents him/her from making health care decisions, we encourage parents/caregivers to consider options for supported decision-making.

The transfer process to an adult provider occurs before age 22. At that time, we will assist your young adult to find an adult provider, send medical records, and communicate with the adult provider about the unique needs of your young adult.

As always, if you have any questions or concerns, please feel free to contact us.



Dear Teen -

We wanted to let you know how much we have enjoyed watching you grow and change! Now that you are turning 12, you are ready to start taking some responsibility for your own health and your health information. Many teens continue to share information with their parents. We think this is a great idea. But, in case there is information you want to stay just between you and your doctor, you have the choice to keep it private.

Included with this letter is information about your **Patient Portal account and your choices about parent(s) access to that portal account.**

Why have a Patient Portal?

With the Patient Portal you can: Send a non-urgent message to your doctor, ask for prescription refills, check your lab and xray results, print your immunization record and physical forms, review visit notes from a past appointment and review notes from specialist.

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We also wanted you to know that at your physical appointments, you will get a set of questions about your emotional and physical health. Your answers will be kept private and will not show up in your visit note or patient portal account unless you give us permission. If your doctor is concerned that you are an immediate risk to yourself or others, they are required to share this with a parent.


**Please check each box after reviewing the information**

- I understand that the Patient Portal is a way to see the information in my Electronic Health Record including: Appointments, Lab Tests, Medications, Xray Results, Forms, Immunization Records, Visit Notes (the doctor’s notes about my visit) and notes from other doctors who also care for me.
- I understand it is my choice whether or not I choose to share access to my Patient Portal with a parent or guardian. The person I share access with is called an “Authorized Representative”.
- I understand that I have the right to keep certain types of information private including information about **pregnancy, sexually transmitted infections and treatment, birth control and drug or alcohol use**. Although Genesis Pediatrics supports this right, our Electronic Health Record is not currently able to make this information visible to you but not your Authorized Representative.
- I understand that Genesis Pediatrics is unable to guarantee that protected types of information listed above will remain private if I choose to give Portal Access to a parent or guardian.**
- I understand that I can CHOOSE NOT TO NAME an Authorized Representative and still get my health care with Genesis Pediatrics.
- I understand that I can change my choice in writing or through the patient portal at any time.
- I had a chance today to ask questions about this form and my questions were answered before I signed.

Allow Portal Access: Please designate the individual name(s) below as an “Authorized User” on my account. I understand that this allows the individual to ALL of my protected health information including **Appointments, Lab Tests, Medications, Xray Results, Forms, Immunization Records, Visit Notes** (the doctor’s notes about my visit) and notes from other doctors who also care for me. Additionally, this includes **pregnancy, sexually transmitted infections and treatment, birth control and drug or alcohol use**.


Person: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

SIGN HERE  \_\_\_\_\_ DATE HERE  \_\_\_\_\_  
Signature of Patient

PRINT HERE  \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
Patient’s Name Printed

Decline Portal Access: I decline to designate an Authorized User to my portal account.

SIGN HERE  \_\_\_\_\_ DATE HERE  \_\_\_\_\_  
Signature of Patient

PRINT HERE  \_\_\_\_\_  
Patient’s Name Printed