



Reproductive Health Care Confidentiality Agreement

Parent

I, _____, (parent or guardian), allow
_____ (patient), to enter a confidential patient-
provider relationship. I understand that she can make independent health care decisions regarding
reproductive health care, but that my input and involvement will be encouraged.

_____ (patient) has permission to schedule
appointments and receive confidential reports from this office. I further understand that various
laboratory test may be necessary in medical protocols and accept responsibility for provider charges and
laboratory fees.

Parent or Guardian Signature

Date

Patient

I, _____ (patient), am entering confidential
provider-patient relations with

_____ (provider). I will make an effort to
communicate with my parent(s) or guardian(s) about issues concerning my health. I accept the personal
responsibility of being honest and will follow the health care recommendations.

Patient Signature

Date