



## Eighteen Year Old's Responsibility

I, \_\_\_\_\_, a patient of Children's Medical Associates of Northern Virginia, P.C., authorize my medical record to remain in the family folder where it was created, and has resided, since I was a minor. I also authorize all insurance information and billing information to remain as it stands on the current Patient Information Sheet in my family folder, initially filled out, and updated as needed, by my parent(s), guardian(s), or other authorized representative for the purpose of filing and appealing my insurance claims, and the billing of any balance otherwise due and payable by me.

I hereby authorize the following names as those to whom the doctors and staff of Children's Medical Associates of Northern Virginia, P.C., may disclose, and discuss my personal medical information to include any and all appointments, finances, lab results, immunizations, diagnosis and treatment. I understand that I may revoke this permission at any time in writing.

Name	Date	Relationship to Patient
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I have been presented with a copy of Children's Medical Associates of Northern Virginia, P.C., "Notice of Privacy Policies" and understand that my personal health information will be handled in accordance with these directives.

I understand that the release and/or transfer of my medical records to camps, colleges, life insurance companies, or any third parties, will only be allowed with my written authorization.

I understand by signing below, I certify that I have read and understand the Eighteen Year Old's Responsibility, have had the opportunity to ask questions, have them answered, and accept the conditions and terms. I further certify that I am the patient, or duly authorized representative.

**I understand that if I do not agree to sign below, then bills will be mailed directly to me and any balance on my account will be due and payable by me.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cell Phone Number