

Women Physicians ObGyn Medical Group

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CONFIDENTIAL AGREEMENT

Parent

I, _____ (parent or guardian, allow

_____ (patient), to enter a confidential patient-physician relationship. I understand that she can make independent health care decisions, 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 tests may be necessary in medical protocols and accept responsibility for physician charges and laboratory fees.

Parent or Guardian

Date

Physician

Date

Patient

I, _____ (patient), am entering a confidential physician-patient relationship with

_____ (physician). 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 my physician and I establish.

Patient

Date

Physician

Date