

Brighton Pediatric Center

8550 W. Grand River Ste 300

Brighton, MI 48116

810-220-3700

CONFIDENTIALITY STATEMENT

Patient Information for Adolescent Visits

14 - to 18 year old

Because of our respect for you, as a young adult, we would like to offer you time to discuss issues with your doctor without your parent's presence. We promise you confidentiality. Only if we become concerned that you are going to hurt yourself or someone else, will matters be discussed with your parents. We do encourage you to discuss most issues openly with your family and hope to help you think of ways to do this.

During teen years, your value system may no longer match that of your family. You may be experimenting with behaviors that place your health at risk. Please help us help you by honestly answering the following questions:

1. Do you now, or have you in the past, smoked cigarettes, cigars, pipes or chewed tobacco?

Yes No

2. Do you now, or have you in the past, used any illegal drugs (including marijuana)?

Yes No

3. Do you sniff anything to get high?

Yes No

4. Do you drink alcohol?

Yes No

5. Are you having sex now, or have you in the past had sex with anyone?

Yes No

6. If so, was this with your consent (something you wanted to do)?

Yes No

7. Are you using any kind of birth control (condoms, etc.)?

Yes No

8. Do you feel depressed or anxious?

Yes No

9. Is anyone harming you?

Yes No

10. Do you have any issues you would like to discuss confidentially with your doctor?

Yes No

Your signature: _____ Date: _____