

CONFIDENTIALITY STATEMENT

Parent Information for Adolescent Visits 13 to 18 year-old Adolescents

As children and adolescents mature and become more independent, both psychologically and socially, their physical health may be jeopardized. Risk-taking behaviors are increasingly observed in this age group. We encourage you to routinely discuss issues such as those listed below with your teenager. We realize that these issues are often difficult for you and your teen to discuss but please realize that they are exposed to these areas regularly and it is important to have a relationship that allows open discussion of these very important issues.

We plan to address some of these issues with your son or daughter and offer nonjudgmental support and advice. Confidentiality is promised to the adolescents as part of our working relationship. We, however encourage them to discuss these issues openly with their families as opposed to relying on information from other sources. We will inform you if your adolescent poses any serious risk to himself or herself or to others.

Please advise us of any specific concerns you have regarding any risk-taking behaviors listed below or the emotional health of your adolescent. (Please circle areas of concern)

Dating/parties	Amount of physical activity
Sexual behavior	Emotional development
Guns/weapons	Physical problems
School grades/absences/dropout	Physical development
Smoking cigarettes/chewing tobacco	Weight
Drug use	Change of appetite
Alcohol use	Sleep patterns
Unprotected sex	Diet/nutrition
HIV/AIDS	Relationships with parents and family
Sexual transmitted diseases (STDs)	Choice of friends
Pregnancy	Self image or self worth
Excessive moodiness or rebellion	Work or job
Depression/Anxiety	Sexual identity (heterosexual/homosexual/bisexual)
Violence/gangs	Lying, stealing, or vandalism
	Other _____

Details of above: _____

What seems to be the greatest challenge for your teen? _____

What is it about your teen that makes you proud of him or her? _____

Please sign below indicating your understanding of the information above.

Thank you,
The Providers of Growing Child Pediatrics

Parent Signature: _____ Today's Date: _____

Adolescent's Name: _____ Circle: Mother Father Other _____