



Dear Parent/Guardian:

The physicians at Atlanta Pediatric Partners, PC (APP) would like to thank you for trusting them with the care of your adolescent. Adolescent services at APP are comprehensive and begin at the age of 13. The physicians' goals are to provide superior quality of service, develop a patient-physician relationship with your child and provide all necessary medical services. We need your help to make this a successful model.

The policy of this practice is to meet with both the parent and child briefly at the onset of the visit. At that time, both the parent and adolescent will complete a confidential questionnaire. The physician will then meet with the adolescent and perform a history and physical examination. The plan of care is discussed directly with the adolescent and the patient will be discharged after exam. If there are any significant concerns, the physician will meet with the adolescent and parent again after the exam. In certain situations, such as pregnancy and /or life threatening illnesses, parents are notified immediately. However, all other illnesses will be treated as confidential and your child will receive all pertinent information including prescriptions. It is important for you to remember that the parent will not be present during the examination. The parent will not have an opportunity to speak with the physician alone after the physical examination.

Laboratory tests may be obtained as part of the complete examination of your child. Only life threatening/positive pregnancy results will be given to parents. Please be aware that most lab tests are sent to outside labs. You may receive a bill from an outside laboratory for tests not covered by your insurance. We only order tests deemed medically necessary from our examination of your child. We are unable to discuss with you which tests are being ordered to preserve confidentiality.

The physicians at APP are certain that this policy works well by teaching adolescents to be advocates for their personal health and allowing them to seek appropriate medical care without fear of disclosure or privacy. We encourage you to adhere to this policy. Your adherence is a vital portion of your adolescent's health care. Please feel free to discuss with the physician any concerns that you may have prior to the onset of the physical examination. Please sign below acknowledging that you understand and are in agreement with our policy for administering adolescent services.

Sincerely,

Physicians and Management  
Atlanta Pediatric Partners, P.C.

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**Parent/Guardian Signature**

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**Date**