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ADOLESCENT CONFIDENTIALITY STATEMENT

Parent Information for Pediatric Visits
Ages 12-21 years

As children and adolescents mature and become more independent, both physiologically and socially, their physical health may be jeopardized. Risk-taking behaviors are increasingly observed in this age group.

We plan to discuss these issues with your child and offer nonjudgmental support and advice. Confidentiality is promised to the adolescents as part of our working relationship. We do, however, strongly encourage them to discuss these issues openly with their families, and we will inform you if your adolescent poses a serious risk to him/herself or others.

Please advise us of any specific concerns you have regarding risk-taking behaviors or the emotional health of your adolescent.

Please sign below indicating your understanding of the information above.

Adolescent's Name: _____

Your Relationship to Adolescent: _____

Your Signature: _____ Date: _____