



Dear Parents:

Life for your daughter has been full of big steps. From first steps, to first grade, to her first job, each year has brought increased independence as well as responsibility. You have prepared her with the tools and knowledge needed to move forward successfully with each stage. Now, with the passage into adulthood another transition awaits her - the transition from pediatrician to adult healthcare provider.

It has been our honor to work with your family and do our part to guide and equip you for each stage of childhood. It is our hope that we can do the same for this next step. For our patients, the transition to an adult provider generally occurs once they have completed school and are living independently. For some that comes with graduation from high school, while for others they may stay with our practice through college graduation. By age 21, all patients should identify an adult health care provider and take the necessary steps to transition their care to that provider.

While this transition may still be a few years off for your daughter, it is good to begin preparing now for this move. To help you in this, we have provided a packet of materials for you to review with your teenager and begin to put a plan in place. Also, taking steps now to foster greater health-related independence in your teen will prepare her to be fully responsible for her own health. Here are a few suggestions:

- Have your teen fill out the *Know Yourself* form included in this packet and then review it together. If your daughter has any health conditions, make sure she understands these conditions, is comfortable explaining them to others, and can identify any warning symptoms that indicate a need to seek emergency medical attention.
- Along with her health history, make sure that your child knows about any medications that she takes (prescription and over-the-counter). Your teen should be confident about the name of her medicine, what the medicine does, the appropriate dose, and any expected side effects. This is especially important for any emergency medications, such as an EpiPen or Albuterol inhaler. If she has questions, encourage her to review her medications with us at the next visit. Also, teach her how to call in for medication refills and allow her to begin making the phone calls.
- Make certain your child knows what she is allergic to, how to avoid allergen exposures, and what to do if exposed. If your child has a food allergy, make sure she can read ingredient labels and ask appropriate questions about food items. It may be helpful to prepare a list together of safe foods for eating out when in restaurants or at a friend's house.
- Allow your teen to be as independent as possible for her own healthcare and involve her in the decision-making process. At age 18, healthcare decisions legally become her responsibility. During visits at Coastal Pediatrics, encourage her to do most of the talking, to ask questions, and to prepare a list of questions before the visit. It may also be appropriate for her to start calling and scheduling some of her own appointments. Provide her a copy of the health insurance card and have her bring any required co-pays to the appointments.

If you have individual concerns on preparing for this transition, please discuss these with us at your next visit. While this may seem like a big step for your teen, we are confident that we can take another successful stride towards growing up together.

Sincerely,

The Staff of Coastal Pediatrics

Transition Checklist



- Review with your teen their personal and family medical history (*use included worksheet*).
- Review your health insurance policy with your teen and provide them with their own copy of the insurance card. It is important that they understand and can identify the subscriber, group number, and any expected co-payments.
- Ensure they have saved emergency contact information into their cell phone.
- Encourage them towards greater independence now by having them schedule their own appointments, carry their insurance card, refill prescriptions, etc.
- Work together to identify an appropriate adult healthcare provider.
- When ready to make the final transition, notify Coastal Pediatrics and request a copy of the medical records.

Know Yourself

Take a few minutes to sit down and fill out this sheet about yourself. After completing it, review it with your parents to help clarify any answers you were uncertain of. Then, keep it and use it as a guide to help you communicate your health history to your next healthcare provider.

My health condition(s):

Medications I take:

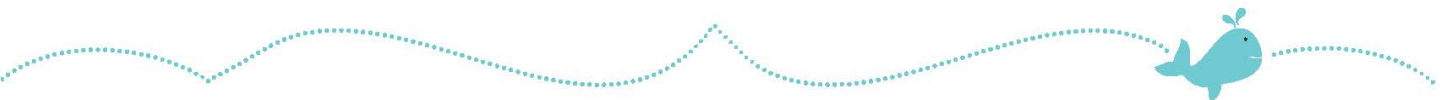
My allergies (*include reaction*):

My past operations/hospitalizations:

Our family health history:

My emergency contacts:

My healthcare provider (*and their contact information; include any specialists*):





Patient Consent for Use and Disclosure of Protected Health Information & Receipt of Practice Privacy Policy

I hereby give my consent for Coastal Pediatrics to use and disclose protected health information (PHI) about me/my child to carry out treatment, payment and healthcare operations (TPO). Examples of such instances include, but are not restricted to: your medical insurance carrier, physicians to whom your child is referred, school health officials, etc. Coastal Pediatrics' Notice of Privacy Practices provides a more complete description of such uses and disclosures.

I have the right to review the Notice of Privacy Practices prior to signing this consent. Coastal Pediatrics reserves the right to revise its Notice of Privacy Practices at any time. A copy of the Notice of Privacy Practices may be obtained at any time by forwarding a written request to Coastal Pediatrics' privacy officer at 2 Wheeler Street, Savannah, GA 31405.

By signing this form, I acknowledge receipt of the office Notice of Privacy Practices. I also consent to allowing Coastal Pediatrics to call, email, fax or mail my home or any other alternative contact point I provide and leave a message on voice mail, in person or in writing, in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, clinical care (including test results) and insurance issues. I understand that I have the right to request that Coastal Pediatrics restricts how it uses or discloses my PHI to carry out TPO. The practice does not have to agree to my requested restrictions, but if it does, it is bound by the agreement. All requests for restrictions must be submitted in writing.

By adding names to the bottom of this form, I agree that they are allowed to receive PHI in the same manner as described above (with the exception of information relating to STD, HIV/AIDS, pregnancy testing and records relating to drug, alcohol or mental health treatment, which all require an additional release).

I may revoke my consent in writing, except to the extent that the practice has already made disclosures in reliance upon my prior consent. I understand that if I do not sign this consent, or later revoke it, Coastal Pediatrics may decline to provide treatment to me/my child.

For patients under 18 years of age:

_____	_____	_____
Patient Name	Date of Birth	Date
_____	_____	
Signature of Parent/Legal Guardian	Printed Name of Parent/Legal Guardian	

ADDITIONAL HIPAA APPROVED CONTACTS

_____	_____
Name/Relationship to Patient	Name/Relationship to Patient
_____	_____
Name/Relationship to Patient	Name/Relationship to Patient

*****If the patient is over 18 years of age, they must sign for themselves.*****

For patients 18 years of age and older:

_____	_____	_____
Patient Name	Date of Birth	Date
_____	_____	
Signature of Patient		

Now that you have turned 18, you get to choose who may have access to your medical information. Remember to add your "ADDITIONAL HIPAA APPROVED CONTACTS" above. By providing your email address and phone number, we will update the primary contact information on your account.

_____	_____
Patient Email	Patient Phone Number