



Congratulations! You're

Growing Up



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MOVING TO ADULTHOOD

Becoming an adult is a rite of passage that many people look forward to, but with this new sense of independence also comes a new set of responsibilities. Through the following information and tips, we hope to give you the jump start necessary to begin taking your healthcare into your own hands.

For Parents

If you need access to your child's records, your son or daughter must consent in writing to provide you access. Under HIPAA, medical providers no longer are permitted to discuss health issues with you without expressed consent from your young adult. This is important to keep in mind when trying to call a health care provider with questions when your young adult is away at college. Your child will need to be the one who calls.

CHECKLIST FOR TURNING 18

- Maintain insurance coverage.
- Obtain a copy of your immunization records.
- Get a pre-college health exam.
- Make sure you are up to date with immunizations.
- Record and evaluate your prescriptions.
- Complete a consent form designating what information we can discuss with anyone other than you

SEEKING MEDICAL CARE

When you turn 18, seeking medical care on your own is a new responsibility. Your parents can help guide you through seeking medical care. However, as an adult, you have the right and responsibility for your own medical care. This means that you now may seek medical care without your parents' consent and call to make your own appointments, as needed.

Here are a few things you need to know about being responsible for your own medical care:

- Conyers Pediatrics can continue to provide medical care for you until you turn 19. Consider talking with your provider about when it may be best for you to find an adult provider who is more knowledgeable about adult health issues. (See also "Interview questions for finding the right provider for you.")
- When calling for an appointment, let the receptionist know who your provider is, why you need to see him or her and when you need the appointment. Be sure to provide the most honest description of why you need to be seen so that an appropriate amount of time is scheduled.

Script for scheduling an appointment

Here is a sample of what you can say when you call to schedule an appointment:

"Hello, my name is _____ (use your legal first and last name – not your nickname). I need an appointment to see _____ (provider's name) because _____ (reason why – example, "I need a physical, I'm going to college.>"). I am wondering when you have an appointment available."

- Your parents may come to the appointment with you, but you will need to check in and sign any forms yourself. You will be asked to sign forms to verify your contact information (including email address for our patient portal), financial responsibility and medical treatment consent.
- You will need to provide insurance information (such as a card) that shows you have insurance and may be asked to show it again at your next visit. If you do not have insurance, you will need to make payment arrangements with our office prior to being seen by the physician.
- You will be financially responsible for your account. This means you will need to pay any co-payments or billing portions required. If you would like us to discuss your account with your parents, you will need to provide consent.
- You will sign for any medical treatment consents including vaccinations. Your parents may help you understand what you are signing, but they no longer can sign for you.
- You have the right to be informed of your medical care and treatment. You also have the right to refuse medical treatment.

MEDICAL RECORDS AND PROTECTED HEALTH INFORMATION

Under the federal Health Information Portability and Accountability Act, or HIPAA, medical records are private information that is kept between you and your health care provider. Access to your health records and any discussion about your health is only provided to people you consent to, including your college and your parents. If you would like your parents to discuss your health on your behalf, you must provide consent to your health care provider. You will be asked to complete a form to document your consent. These forms are called the “Consent to Discuss Medical Information and Protected Health Information of a Patient Over 18 Years of Age.”

TALKING TO YOUR DOCTOR

When you were little, your parents talked to your doctor about your medical needs, picked up your prescriptions and made sure you took your medicine. Now that you’re getting older, your health care is your responsibility. As you mature, the issues you face may become more complicated and personal. It’s important to find someone to talk to who is both knowledgeable and who you can trust. That’s where your provider can help you out.

Doctors are trained to help you with your health and emotional concerns. You can talk with them, they can answer your questions and they can check out what worries you. Even if you feel embarrassed at first about discussing personal subjects (such as physical development or sexual health), it’s helpful to know that doctors deal with those concerns – and all sorts of things – every day.

A few things to keep in mind when talking with your doctor:

- **Be honest.** It’s your job to openly discuss your symptoms and concerns. A doctor can’t help you unless you tell the whole story. Even if you’re uncomfortable, being open and honest will only benefit you. Most providers realize that people can feel uncomfortable about raising sensitive issues, and they try to be good listeners.
- **Provide complete and truthful information.** Doctors make decisions about what needs to be done and how to answer your questions and concerns based upon the information you provide.

Providing all of the information helps the provider help you. Your provider will know which information is relevant to any medical decisions.

- **Do not be embarrassed.** It's perfectly normal to feel nervous when talking with your doctor about personal issues. You should be able to talk to your provider about everything. Keep in mind that most experienced providers have cared for many patients. No matter what the issue is, it probably won't surprise your provider.

- **Write things down.** It may help to show up for your appointment with a written list of questions and concerns to give to the provider. It also can include your problems and symptoms. This list can jump-start the communication process and help put you at ease to openly and comfortably discuss your issues with your doctor.

- **Your Doctor is interested in keeping you healthy, not judging you.**

If you are concerned about a sensitive topic, you shouldn't avoid going to the provider because you are worried about what the provider might think. A doctor's role is to listen respectfully, examine, educate and treat people, not criticize them.

HOW TO GET PRESCRIPTION MEDICATIONS AND REFILLS

If you have been on medication and are used to your parents taking care of getting the prescription for you, the process of refilling your medication may be new to you. We have some helpful tips on how to get your prescription medications for the first time and then refilled.

First-time prescriptions

You will need to select a pharmacy for your prescriptions. You can choose one that is close to home, school or work. You also can base your selection on a pharmacy that has a nationwide option, so you don't have to transfer your prescription when you go to school.

When your provider wants you to take medication, you will be given a written prescription to take to your pharmacy or it will be sent electronically. Remember, there may be a wait time, so plan accordingly. When picking up your prescription, remember to take your insurance card with you and you also might need to pay a co-pay charge at the time you pick up your prescription.

Refills

The most important thing to remember about medication refills is plan ahead. Do not wait until the last dose is taken to call for a refill. Most providers will not call in refill prescriptions after normal clinic or business hours. To ensure that the medication is on-hand and that you are taking it according to the directions, call at least 5 days in advance.

If your medication indicates refills (your provider would need to order that), you may call the pharmacy directly for refills. Have your medication nearby when you request a refill. You will need information on the label to fill the request.

You can also submit a non-urgent refill request through our patient portal.

Script for calling your pharmacy/provider for a medication renewal

Make sure you have your prescription in front of you for the information.

“Hello, my name is _____ **(use your legal first and last name – not your nickname)**. I need a refill on a prescription.

My provider is _____.

The prescription number is _____.

The name of the medication is _____.

The strength/dose is _____.

(If contacting your provider) My pharmacy name and number is _____.

My telephone number is: _____.

(Provide a telephone number such as a cell, home or work phone number where you are available and can be reached.)

Thank you.”

Make sure you understand how and when to take your medication, and any possible side effects and what to do if you experience them. You will get written information along with your medication, but be sure to ask the pharmacist or your provider if you have any questions. Ask your pharmacist or provider if you have any questions at any time while taking a medication. Finally, take your medication according to your provider's directions.

**WHAT IS GRITS?
(GEORGIA REGISTRY OF IMMUNIZATION TRANSACTIONS & SERVICES)?**

- GRITS is a secure, computerized, statewide immunization registry that can help keep track of your immunizations. It can only be accessed by health care providers, hospitals, schools, health insurance plans, and local and state health departments. It cannot be accessed by the general public. This means if you need medical treatment by someone other than your regular doctor, they can log in the system and have access to your immunizations. For instance, if you went to an emergency room for a cut, the hospital would be able to look to see when your last Tetanus booster was given.
- GRITS can provide a complete and current record of your immunizations even if you move or switch health care providers or insurance companies. **ONLY** authorized users who have signed a confidentiality agreement can access the registry information.
- If you have any additional questions, please ask our office staff.

FINANCIAL RESPONSIBILITY

Another result of becoming an adult is your parents may not be responsible for your bills. The debt you incur is important because it may affect your ability to get loans, credit cards or make future purchases.

When seeking medical care, you ultimately are financially responsible for any bills or invoices regardless of whether you are on your parents insurance or not. In addition, your parents are not able to discuss your personal finances without your expressed consent even though they may still have access to any joint accounts you've set up.

CONGRATULATIONS ON BECOMING AN ADULT

This is quite an exciting time. We hope that you have found this booklet helpful. If you have any questions about the information in this booklet, or other information you have received, **please contact our office at 770-922-5745 (Conyers) or 770-788-1554 (Covington).**

ADDITIONAL RESOURCES

Books and Websites

- <https://youngwomenshealth.org>
- <http://www.TeenHealthFX.com>
- <https://www.choosemyplate.gov>
- "The Teenage Body Book: A New Edition for a New Generation"
by Kathy McCoy, PhD and Charles Wibbelsman, MD

What can you do to stay healthy?

- **Don't smoke.** If you do smoke, talk to your provider about quitting. If you are pregnant and smoke, quitting now will help you and your baby. Your provider or nurse can help you. You also can help yourself. For tips on how to quit, visit "You Can Quit Smoking Now" at smokefree.gov. To talk to someone about how to quit, call the National Quit line at (800) QUIT-NOW. For more stop smoking resources, visit healthfinder.gov and search for "smoking."
- **Be physically active.** Walking briskly, mowing the lawn, dancing, swimming and bicycling are just a few examples of moderate physical activity. If you are not already physically active, start small and work up to 30 minutes or more of moderate physical activity most days of the week.
- **Eat a healthy diet.** Emphasize fruits, vegetables, whole grains and fat-free or low-fat milk and milk products. Remember to include lean meats, poultry, fish, beans, eggs and nuts. Eat foods low in saturated fats, trans fats, cholesterol, salt (sodium) and added sugars.
- **Stay at a healthy weight.** Balance calories from foods and beverages with calories you burn off by your activities. To prevent gradual weight gain over time, make small decreases in food and beverage calories and increase physical activity.



**Consent To Discuss/Release Medical Information and Protected Health Information
of a Patient Over 18 Years of Age**

Patient Name (please print): _____ **Date of Birth:** _____

I authorize Conyers Pediatrics and its staff to discuss my designated medical information as follows with the person(s) listed below (initial all that apply):

- My diagnosis and treatment information; _____
- My medications; _____
- My lab results; _____
- My radiology results; _____
- My financial account; _____
- Release of my immunization records (including by fax or mail): _____
- Other "confidential information" as specified by me in writing below _____
- Other: _____

Name Relationship

Name Relationship

Name of School (if applicable)

Copies of my medical records will not be released to any individual (including myself) without a separate medical release of information signed by me and specifying an individual recipient. Further, I understand a fee may apply for the completion of forms/documents and for copies of my medical records.

By signing below, I acknowledge that I have read and accept the terms of this consent. I understand that I may revoke this consent at any time and I must notify Conyers Pediatrics in writing in order to revoke the consent.

(Signature of patient) (date signed)

(Printed name of signature above) (home phone number) (cell phone number)



REVOKE CONSENT

(do not sign below unless you are revoking the above consent)

I hereby revoke the above consent effective immediately. I understand that revoking this consent means that my medical information and protected health information will no longer be discussed or disclosed (released) to the above individuals and that a new consent will need to be completed if this changes.

(Signature of patient) (date signed)



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AUTHORIZATION FOR AND CONSENT TO RELEASE INFORMATION

I, _____, the undersigned patient, date of birth _____,
 hereby authorize Conyers Pediatrics to release information listed below from my records to
 _____.

The release of information for which I consent is for the purpose of _____
 for the following dates of office or outpatient services: _____

I understand this authorization includes release of all medical records including HIV records,
 psychiatric mental illness, drug/alcohol abuse records, venereal disease and any other statutory
 protected diseases. This authorization and consent will expire ninety (90) days following the date
 signed.

I understand that I may revoke this authorization and consent at any time except to the extent of
 action previously taken in reliance hereof.

 Patient Signature

 Date Signed

 Witness

 Date Signed