



CONFIDENTIALITY STATEMENT

Patient Information for Pediatric Visits 12- to 18-year-old Adolescents

Because of our respect for you, as a young adult, we would like to offer you time to discuss issues with your doctor without your parent's presence. We promise you confidentiality. Only if we become concerned that you are going to hurt yourself or someone else, will matters be discussed with your parents. We do encourage you to discuss most issues openly with your family and hope to help you think of ways to do this.

During teen years, your value system may no longer match that of your family. You may be experimenting with behaviors that place your health at risk. Please help us help you by honestly answering the following questions:

1. Do you now, or have you in the past, smoked cigarettes, cigars, pipes or chewed tobacco?
Yes No
2. Do you now, or have you in the past, used any illegal drugs (including marijuana)?
Yes No
3. Do you sniff anything to get high?
Yes No
4. Do you drink alcohol?
Yes No
5. Are you having sex now, or have you in the past had sex with anyone?
Yes No
6. If so, was this with your consent (something you wanted to do)?
Yes No
7. Are you using any kind of birth control (condoms, etc.)?
Yes No
8. Do you feel depressed or anxious?
Yes No
9. Is anyone harming you?
Yes No
10. Do you have any issues you would like to discuss confidentially with your doctor?
Yes No

Your signature: _____

Date: _____

Orlando Abortion Clinic
1103 Lucerne Terrace
Orlando, FL 32806
Ph: (407) 245-7999
Toll Free: (877) 692-2273

EPOC Abortion Clinic
609 Virginia Drive
Orlando, FL 32803
Ph: (407) 898-2046
Toll Free: (877) 376-2227

Ocala Abortion Clinic
108 NW Pine Avenue
Ocala, FL 34475
Ph: (352) 401-9288
Toll Free: (877) 622-5234

Tampa Abortion Clinic
502 South Magnolia Ave
Tampa, FL 33606
Ph: (813) 258-5995
Toll Free: (877) 966-3672

Ft Lauderdale Abortion Clinic
2001 W. Oakland Pk Blvd
Ft. Lauderdale, FL 33311
Ph: (954) 733-0121
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