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Dear Parent:

As a parent, you are aware of the many stresses and issues adolescents are confronted with every day, including peer pressure surrounding drugs, alcohol, sex, etc. Often these issues are difficult to discuss. We ask adolescents to complete a questionnaire covering these issues. In order for the questionnaire to be helpful, the adolescent must trust that his/her answers are confidential.

Under Minnesota state law, this information is protected between physician and patient. Therefore, we ask you to sign below to acknowledge that release of this information is subject to the authorization of your child. It is only by doing this that confidentiality can be assured. The only exception is if the patients' life is felt to be in danger.

To allow your child to complete the questionnaire as honestly as possible and to provide an opportunity to talk privately with your child, we may ask you to step out of the room during your child's physical exam. Please be aware that some of the questions included in this survey are required by the Minnesota Department of Health.

We strive to provide the best possible health care to your child and appreciate your cooperation. If you have any questions, please feel free to ask us.

Sincerely,

The Physicians, Nurse Practitioners and Staff of Southdale Pediatric Associates, Ltd.

I, _____, understand that release of this information
is subject to the authorization of my child _____ / _____.
(child's name) (D.O.B)

Signature

Relationship to patient

Please list below any concerns you would like us to address with your child:
