



Adolescent Care

SERVING THE NEEDS OF TEENAGERS AS THEY TRANSITION INTO WOMANHOOD

Dear Parent/ Guardian of a Teenager:

At Beautiful Beginnings and Beyond Midwifery LLC, we strive to provide the best healthcare possible to your teenager. We believe in building a trusting relationship that will encourage your teenager to feel safe and free to discuss any other their questions and concerns. We encourage you to be actively involved in your teen's healthcare and we make sure to promote open communication between parent, teen and the health professional. While many adolescent teenagers are accompanied to the office visit by their parent/ guardian, we will often see teenagers by themselves. This teaches them to learn how to take care of their health, while giving them the chance to talk to us privately if they desired. Again, we will always encourage teenagers to talk to a parent about important health issues in any given situation.

It is important to note that we offer your teenager 100% "confidential" services. Confidentiality is crucial when taking care of teenagers because many adolescents fear that if they tell their health professional the truth, it will get back to their parents. "Confidential" means your teenager can trust the we will not tell anyone else, including parents or their school unless they give us permission. The one exception to this would be if we think that there is a serious threat to your teenager's health.

In Ohio, minors 12 years and older may give their own consent to treatment by a healthcare professional. They are protected by Federal and State privacy laws that restrict parents from accessing their child's medical records without the teen's consent. Again, we strive for an open communication between parents and their children, but we will respect a teenager's request for confidentiality, as we do for all our patients.

We look forward to taking care of you teenager.
Please feel free to call with any questions or concerns.

D. Blake

Desiree Blake, APRN, CNM, WHNP
CEO/ Owner
Beautiful Beginnings & Beyond Midwifery LLC
216-258-0841

Patient name: _____ DOB: _____

Parent/ Guardian signature of receipt and understanding: _____

Date: _____