## COUNTY OF SAN MATEO HEALTH SYSTEM

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Dear Parent(s),

The journey to adulthood for a child with special health care needs can be filled with questions. With your child's 18<sup>th</sup> birthday soon approaching, we would like to take the opportunity to help you and your child start planning for the future. Enclosed are the following forms which we also sent to your child (which are available, along with other important information on our website <u>www.smchealth.org/ccs</u> in the "Transition" folder):

- Adult Service Declaration Form
- Authorization for Disclosure/Protected Health Information (On this form, the "Name & Address" lines are to document the person you give us permission to share information. Below that, you choose whether we can share all of your information or you can write down specific information we can share.)
- Notice of Privacy Practices: Acknowledgement of Receipt (1 page form, separate from Privacy Practices Summary document)
- Rights at Age of Majority (18)

In regards to the **Adult Service Declaration Form**, the second page gives you, the parent the opportunity to document if your child is unable to understand/make medical decisions. If this is the case for your child, please complete this form and return to us as soon as possible.

Planning for your child's future and making sure her/his health care needs are taken care of can be exciting and at times overwhelming. We are here to provide support. If you have any questions about the forms enclosed and, or desire any assistance, please feel free to contact our office at 650-616-2500.

California Children's Services 701 Gateway Blvd Suite 400 South San Francisco, CA 94080 Phone: 650-616-2500 Fax: 650-616-2598 http://www.smchealth.org/ccs

