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per chart for small ones. I explain to those families in good standing that I can provide one set gratis, but I would charge for additional ones. Suppose they didn't take the records with them. If the family goes to see new Dr. X in a new city, and after that first visit sends for records, I would probably send them for free.

But suppose after leaving the new pediatrician's office and signing the record release, the parent has second thoughts and doesn't want to remain in that office—they consider trying someone different. By then, my records are already on the way to Dr. X, and I would then charge for sending a second set to Dr. Y.

How much easier it would be for the parents to photocopy the original copied set I gave them as many times as they want.

Giving a complete copy to parents obviates a lot of paperwork and charge issues—and potential conflicts down the road. I wouldn't withhold records if charges are not paid even if it is in concordance with office policy; having to do this may very well put a damper on a previously excellent relationship.

Now let's move on to a different scenario. No doubt it is very gratifying for you to hear that a college-aged patient wants to keep coming back to you for care. But, remember that we pediatricians are trained in the healing arts for patients aged newborn up through adolescence. At some point, the adolescent will be too old for you to care for medically. Emotionally you may still want to keep seeing the young adult—but you and your patient do have to eventually part ways.

It is advisable that you and your staff establish some clear-cut guidelines as to when you give the graduating adult the "boot" to a family practitioner. Per last month's column about regular staff meetings, perhaps you should throw out this topic as an agenda item to establish a clear policy.

Medicolegally, we are only trained to go so far into the young adult's life. Should any issues arise, a pediatrician would have a hard time answering the question: "Tell me doctor, how many 23-year-old patients do you treat?" Being a nice person and unwilling to dismiss a patient that is "too old" could come back and bite you, and certainly would not be a defense if care issues were to follow.

Some pediatricians stop at age 18—high school graduation is their ultimate end point. Other practices continue to see their patients until 21. It depends on your personal comfort level in dealing with the trials and tribulations of adolescents—for example, drugs, sex, alcohol, and mental health crises.

It probably helps when you have watched a newborn grow into infancy, childhood, and then into adolescence. Sometimes it is hard to give that kid the "boot" when he or she is too old. But the policy should be consistent. You can't keep those favored kids until 21 but ask younger kids from "unfavored" families to transition to a family practice.

Our policy is to keep the patients through age 21 when they are off to college. Occasionally we will permit them to remain through college graduation, which often means age 22 (unless the student is on the multiyear college plan—something that many of us know all too well!). If the adolescent finishes high school, and then goes off into the working world, starting on life's real journey, we often will transition that teen upon graduation. But that isn't a hard-and-fast rule in our office since we have established the notion that we are competent to care for patients through age 21.

Next month I will continue with my ideas on transitioning patients and, as mentioned above, touch on the issues involved in the unpleasant parting of ways. ■

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FYI

Cyberbullying Prevention Tips

The National Crime Prevention Council has developed a brochure for families titled, "Stop Cyberbullying Before it Starts," with tips on how to handle the problem. Cyberbullying involves use of the Internet, cell phones, or other technology to harass victims. The brochure is available for downloading from the NCPC Web site, www.ncpc.org.

NIH Newborn Genetics Program

The National Institutes of Health has launched "Health Information Rx Program" to encourage physicians to refer parents of newborns diagnosed with genetic conditions to Genetics Home Reference, a free, patient-friendly Web site with information on more than 500 genetic topics. The Web site also provides information on newborn genetic screening for expectant mothers. To find out more about the program or to request a free copy of an "Information Rx" pad, which directs patients to the Web site, visit ghr.nlm.nih.gov.