



## Consent To Share Information

I, \_\_\_\_\_, am no longer a minor but authorize Weston Pediatric Physicians, P.C. to share medical information and results with my parents/guardian.

As per Massachusetts and/or Federal Law certain types of medical information is protected by law from release without specific consent, and will not be released as a result of this authorization. If you DO NOT want these records released, please check the appropriate box below:

- AIDS/HIV testing and results
- Mental Health records and references
- Substance abuse (alcohol, narcotics, prescription drugs)
- Communications with social workers
- Sexually transmitted diseases
- Domestic abuse records

or

- Please release all medical information and results to my parents/guardian.

My date of birth is \_\_\_\_\_

My cell number is \_\_\_\_\_

I will notify Weston Pediatrics, in writing, when this document is no longer valid.

Parents/Guardian Name \_\_\_\_\_

Signature of patient \_\_\_\_\_ Date \_\_\_\_\_

### WESTON PEDIATRIC PHYSICIANS

486 Boston Post Road, Weston MA 02493

T:781-899-4456 F:781-647-9578

[www.WestonPediatrics.org](http://www.WestonPediatrics.org)

### WESTON PEDIATRIC PHYSICIANS *at Mill Brook*

490C Boston Post Road, Sudbury, MA 01776

T:978-443-0707 F:978-440-9389

[www.MillBrookPediatrics.com](http://www.MillBrookPediatrics.com)