

# Authorization for Release of Medical Information to Holliston Pediatric Group



Release Information to:  
**Holliston Pediatric Group**

Holliston Office: p. 508.429.2800; f. 508.429.7913  
100 Jeffrey Avenue, Holliston, MA 01746

Milford Office: p. 508.478.5996; f. 508.482.9147  
321 Fortune Blvd., Milford, MA 01757

Today's Date: \_\_\_\_\_

Patient Identification:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Patient Name Patient DOB

\_\_\_\_\_  
Address

\_\_\_\_\_  
Daytime phone number Evening phone number

Information to be released:

- Pediatric Chart Notes  Special Notes  
 Outpatient Reports  Other Records (specify) \_\_\_\_\_  
 Records from a Previous Physician

**AUTHORIZATION:**

I authorize \_\_\_\_\_ to release copies of the above named patient's medical record to Holliston Pediatric Group. The signature of the patient is to be obtained unless the patient is under 18 and/or the legal representative presents legal proof of representation.

\_\_\_\_\_  
Date Signature of patient or legal representative Legal representative relation to patient

**SENSITIVE INFORMATION AUTHORIZATION:**

I understand that if the above named patient's medical record contains information pertaining to venereal/sexually transmitted disease, abortion treatment for alcoholism, drug rehabilitation, treatment for substance abuse, confidential information acquired by social workers, confidential communications with mental health counselors or confidential communications with domestic violence victim's counselors that I specifically authorize release. This authorization is valid for this release only.

\_\_\_\_\_  
Date Signature of patient or legal representative Legal representative relation to patient

**HIV AND AIDS INFORMATION AUTHORIZATION:**

I understand that if the above named patient's medical record contains HIV and/or AIDS information that I specifically authorize its release. This authorization is valid for this release only.

\_\_\_\_\_  
Date Signature of patient or legal representative Legal representative relation to patient