WESTWOOD OFFICE
541 High Street, Suite 6
Westwood, MA 02090
(781) 326-7700
Fax (781) 251-0910
Fax (781) 407-0097

MANSFIELD OFFICE
454 Chauncy Street
Mansfield, MA 02048
(508) 339-9944
Fax (508) 261-7772
Fax: (781) 251-0751

MEDICAL RECORD RELEASE

PATIENT INFORMATION:

Patient Name____

Address____

Telephone Number____

Date of Birth____

RELEASE INFORMATION TO:

Name/Facility____

Address____

____

REASON FOR RELEASE:

____

____

AUTHORIZATION:

Patient Signature______________________________ Date__________________

Parent/Guardian______________________________ Date__________________

AUTHORIZATION FOR RELEASE OF SENSITIVE INFORMATION

This medical record may contain certain sensitive or statutorily protected information. Please indicate the information you would like released.

__Mental Health Information

__Domestic Violence Information

__Alcohol/Drug Abuse Information

__Social Service Information

__Sexual Assault Information

__Sexually Transmitted Diseases

Patient Signature ______________________________ Date__________________

Parent/Guardian______________________________ Date__________________

HIV TESTING AND TREATMENT

This medical record may contain HIV testing and AIDS treatment information. I agree to the release of this information to the person/facility named on this form. This authorization is for **single release** only.

Patient Signature______________________________ Date__________________

Parent/Guardian______________________________ Date__________________