Newton – Wellesley *Family* Pediatrics, P.C.

Charles S. Brown, M.D.
Cally Gwon, M.D.
Steven Greer, M.D.
Julia Brown, M.D.

Michelle Marini, M.S., C.P.N.P.
Mary Levenstein, M.S., C.P.N.P.
Charles D. Brown, Ph.D.

MEDICAL INFORMATION RELEASE FORM

Today's Date _____

I _____ (patient / legal guardian) authorize **Newton-Wellesley** *Family* **Pediatrics** to discuss / exchange medical information to the individual (s) named below. I understand that this information may include, when applicable, information relating to medical treatment, laboratory results, behavioral or mental health services and referral and / or treatment for alcohol and drug abuse. I understand that authorizing the disclosure of this health information is voluntary and carries with the potential for an unauthorized re-disclosure and the information may not be protected by federal privacy rules. This authorization is good for a year.

NAME (S) _____

_____

_____

Signature of patient 18 years or older or legal guardian

2000 Washington St.
Suite 468
Newton, MA 02462

Office (617) 965 - 6700
Fax (617) 965 – 5239