

## AGE 18 AGREEMENT To Release Patient Information

PATIENT/CLIENT NAME

DATE OF BIRTH

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LAST FIRST M D Y

### WHO MAY ACCESS YOUR HEALTH CARE RECORDS

*I give the following adults permission to receive my health records including but not limited to X-rays, immunizations, lab results, prescriptions or to act on my behalf in my absence.*

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NAME (PERSON AUTHORIZED TO ACCESS RECORDS) PHONE RELATIONSHIP TO PATIENT

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*For confidential records of a psychiatric, sexual, drug or alcohol nature, the above named person(s) may also have access to my records, test results, and prescriptions as follows:*

### THE FOLLOWING INFORMATION WILL NOT BE RELEASED UNLESS THIS SECTION IS CHECKED OFF AND SIGNED

	YES	NO	PATIENT SIGNATURE	DATE
Psychiatric Records	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Sexual Records	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Drug & Alcohol Records	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

- I understand that if the person or the entity that receives this information is not a health care provider or health plan covered by the federal privacy regulations, the information described above may be redisclosed and no longer protected by those regulations.
- I understand that there may be medical records from another doctor or another medical facility in my chart.
- I understand that I may refuse to sign this authorization and that my refusal will not affect my ability to obtain treatment or payment or my eligibility for treatment.
- I understand I may revoke this authorization in writing at any time by submitting a written notice of my revocation, except to the extent that action has been taken in reliance on this authorization.

*These authorizations are valid unless and until they are revoked, in writing, and presented to the records office of New England Pediatrics LLP.*

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PATIENT SIGNATURE DATE

*Please see the reverse side of this form for special disclosure information regarding Mental Health, Drug and-or Alcohol Abuse, and HIV-related information.*

## TO THE RECIPIENT OF THESE MATERIALS

In the event that any of the disclosed information includes HIV/AIDS information, this is protected under state law as follows:

“This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by said law. A general authorization for the release of medical or other information is NOT sufficient for this purpose.”

Any oral disclosure shall be accompanied or followed by the above notice.  
*See Connecticut General Statute section 19a-585.*

**PSYCHIATRIC COMMUNICATIONS:** If the released material contains confidential psychiatric communication, as designated in C.G.S. sections 52-146d through 52-146i, inclusive, please note the following:

“The confidentiality of this record is required under Chapter 899 of the Connecticut general statutes. This material shall not be transmitted to anyone without written consent or other authorization as provided in the aforementioned statutes.”

A copy of the consent form setting forth any limitations shall accompany the disclosure.

**DRUG & ALCOHOL TREATMENT:** No person, hospital, treatment facility or department of health may disclose or permit the disclosure of the identity, diagnosis, prognosis or treatment of any patient in a treatment for drug and/or alcohol abuse that would be in violation of federal or state law. In the event that the records contain information regarding drug and/or alcohol abuse treatment, please note the following legal requirements and prohibitions:

“This information has been disclosed to you from records protected by federal and state confidentiality rules (2 C.F.R. Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.”

*See Connecticut General Statute section 17a-688.*