Lynnfield Pediatrics
628 Salem Street
Lynnfield, MA 01940
(781) 599-1998

Two-way Consent to Release Confidential Records or Information

FROM: Lynnfield Pediatrics
Dr. Ruth Hazen or Dr. John Schey

TO: _____
_____
_____

***Re:* Patient's name** _____ **DOB** _____
Address _____

For the purpose of continuity of care of the above-named patient, I, _____, the above-named patient or guardian of the above-named patient, hereby grant _____ _____ _____ permission to release to the above-designated custodian of records the items checked below:

__Summary of medical history
__Immunization record
__Laboratory reports
__Medications
__Communication necessary to coordinate ongoing care
__Other _____

I understand that this consent allows release of the designated records for the following period:

__ Until 1 year from today's date
__ Through the current school year
__ Other (specify) _____

I also understand I may revoke this consent in writing at any time, but that such revocation becomes effective only when received by Lynnfield Pediatrics, and that disclosure made before such revocation is received is not affected.

Lynnfield Pediatrics clinical and administrative staff maintains patient confidentiality in strict compliance with state and federal laws. These practices are supported by policies and procedures. These procedures are reviewed and, if necessary, revised on a regular basis. We will ensure that HIPAA regulations on re-disclosure are followed. However, after the information leaves this clinic, we cannot guarantee privacy protection of your health information.

Refusal to sign this request will not in any way interfere with the patient's ability to access treatment at this facility.

Signature: _____ Date signed: _____
Patient or parent/guardian

Printed name: _____ Witness: _____

Note to recipient of record: Should the records contain reference to drug or alcohol abuse or treatment, the confidentiality of this information is protected by federal law (F Regulation 42CFR part 2).

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Original document included as part of *Addressing Mental Health Concerns in Primary Care: A Clinician's Toolkit.* Copyright © 2010 American Academy of Pediatrics. All Rights Reserved. The American Academy of Pediatrics does not review or endorse any modifications made to this document and in no event shall the AAP be liable for any such changes.

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