Pediatric Health Care Associates
Boston Children's
Primary Care Alliance

PATIENT NAME: _____

PATIENT DOB: _____

Authorization for Disclosure of Confidential Information

I, _____, direct my health care and medical services providers and payers to disclose and release my protected health information described below to:

Name: _____ Relationship: _____

Street Address _____

City _____ State _____ ZIP _____

Email _____ Phone _____

Health Information to be disclosed upon the request of the person named above (Check one):

- ☐ **Disclose** my complete health record (including but not limited to diagnoses, lab tests, prognoses, treatment, and billing for all conditions) **OR**
- ☐ **Disclose** my health record, as above, **BUT do not disclose** the following (check as appropriate):

  - ☐ Mental health records
  - ☐ Contagious diseases (including HIV and AIDS)
  - ☐ Alcohol/drug abuse treatment
  - ☐ Other (please specify): _____

Form of Disclosure (unless another format is mutually agreed upon between my provider and designee):

- ☐ Hard copy
- ☐ Verbal communication

*If patient is over 18 and continued access to the online medical portal is being requested, please complete the MyChart Adult Proxy Access Consent Form (available on our website Phcapediatrics.com or any of our office locations)

Information will not be released without a valid signature below. The authorization will expire 12 months from the signature date, unless otherwise specified here: ____/____/____.
I understand that I can cancel this authorization in writing at anytime.

_____ _____

Name of the Individual Giving this Authorization | Date of birth

_____ _____

Signature of the Individual Giving this Authorization | Date

Lynn
225 Boston St.
Lynn, MA 01904
781-599-1134
fax 781-586-9284

Melrose
675 Main St.
Melrose, MA 02176
781-665-5131
fax 781-979-4079

Peabody
10 Centennial Dr.
Peabody, MA 01960
978-535-1110
fax 978-535-5910

Salem
600 Loring Ave.
Salem, MA 01970
978-741-8366
fax 978-741-4530

Stoneham
92 Montvale Ave.
Suite 4100
Stoneham, MA 02180
781-832-2530
fax 781-832-2528