Laura Bruckner, M.D.	Andrew Krasnoff, M.D.	Helen Lederer, M.D.
Catherine Marshall, M.D.	Sloane Sevran, M.D.	Daniel Bruckner, M.D.
Miriam Chan, M.D.	Julia Bruckner, D.O.	Ofir Mekel, M.D.

Consent for Release of Confidential Information

I understand that by law, 18 year olds are adults. As adults, they have the right to keep health records confidential (regardless of who pays for their insurance or whether they live at home).

The above providers believe parents should be partners in their children's care at every age. However, it is up to the patient to whom he/she gives permission to share privileged information. Therefore, we ask all of our patients over the age of 18 to consent as follows:

I,		herby authorize the above named physician(s) to		
release the following information, concerning me, to:				
(Name of Person)	(Relationship)	(Phone)		
(Name of Person)	(Relationship)	(Phone)		
Items and Information to be released	l are:			
[] Any and All healthcare Conditions		[] Pick Up of Controlled Substance Prescriptions		
[] My health Status, <u>EXCLUDING</u> Sensitive Conditions*		[] Schedule Appointments		
[] Payment Responsibility		[] Other:		
] Request Prescriptions		[] All of the Above		
] Pick Up Prescriptions (Excluding Cont	trolled Substances)			
[] I,, do]	NOT give my consent to	o any provider to speak with my parents about any of n		
healthcare conditions. I hereby revoke t	he above authorization t	o release confidential information		
Patient Signature:		Date://		
Patient's Cell Phone Number:				
Patients Email:				
2	understand that I may re	e disclosed without my written authorization, except evoke this consent at any time by giving written notice, 1 it.		

*Sensitive conditions include alcohol or drug use, sexual activity, pregnancy or sexually-transmitted diseases, and mental health issues.

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