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

CONSENT FOR RELEASE OF CONFIDENTIAL

I understand that by law 18year 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, _____ hereby 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 are:

- ☐ Any & All Healthcare Conditions
- ☐ My Health Status, *EXCLUDING* Sensitive Conditions *****
- ☐ Payment Responsibility
- ☐ Request Prescriptions
- ☐ Pick Up Prescriptions *(Excluding Controlled Substances)*
- ☐ Pick Up of Controlled Substance Prescriptions
- ☐ Schedule Appointments
- ☐ Other:
- ☐ All of the above

☐ **I do NOT give my consent to any provider to speak with my parents about any of my healthcare conditions.**

Signature: _____ Date: ___ / ___ / ___

Patient's Cell phone number: _____

Patient's Email: _____

I understand that my records are confidential and cannot be disclosed without my written authorization, except when otherwise permitted by law. I understand that I may revoke this consent at any time by giving written notice, except to the extent that action has been taken in reliance on it.

☐ ***I hereby revoke the above authorization to release confidential information.***

Signature: _____ Date: ___ / ___ / ___

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

patientinfo326@yahoo.com