

Behavioral Health Authorization for Disclosure of Clinical Information

Patient Name: _____ **DOB:** _____

I authorize Pediatrics at Newton Wellesley, P.C. to communicate with the following providers, as needed, to help with evaluation, treatment planning and coordination of care:

Person/Agency	Role (check one)	Phone/Fax/Email (if applicable)
	<input type="checkbox"/> therapist <input type="checkbox"/> medication prescriber <input type="checkbox"/> school personnel <input type="checkbox"/> other : _____	
	<input type="checkbox"/> therapist <input type="checkbox"/> medication prescriber <input type="checkbox"/> school personnel <input type="checkbox"/> other : _____	

Pediatrics at Newton Wellesley, P.C. has my permission to release information/records acquired in the course of ongoing mental health assessment, evaluation and/or treatment of the above named patient, including telephone contact and email (if applicable please indicate if consenting to email communication yes no). Please check the protected health information below that you are authorizing to be used and/or disclosed:

- Details of Mental Health Diagnosis and/or Treatment provided by a Mental Health Provider
- Social/Family History
- Neuropsychological Reports
- Alcohol and Substance Abuse/Treatment*
- Information related to a sexually transmitted infection, sexual activity and/or orientation
- Other(s): please list _____
- School Related Information
- ER Visits/Hospitalizations
- HIV/AIDS Related*

*HIV and Substance Abuse information is protected under federal law and must be authorized specifically in order to be use/disclosed.

This authorization will expire with the completion of treatment, unless otherwise changed and/or revoked.

I understand that I may revoke this consent at any time, and that I must notify Pediatrics at Newton Wellesley, P.C. in writing. I understand that such a revocation does not affect any action taken by Pediatrics at Newton Wellesley, P.C. prior to receiving my written notice.

Signature of Patient (or Parent/Guardian)

Date

Printed Name