

**Bramblebush Pediatrics**

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**Consent to Share Information with Parents (18 year olds)**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

At Bramblebush Pediatrics we believe that parents should be partners in their children’s care at every age, however the patient must give permission to share this privileged information.

\_\_\_\_\_ I give permission to Bramblebush Pediatrics to share my medical records as follows (initial as appropriate)

\_\_\_\_\_ All medical records

\_\_\_\_\_ All Medical records except

\_\_\_\_\_  
\_\_\_\_\_

Medical records may be shared with:

\_\_\_\_\_ Mother

\_\_\_\_\_ Father

\_\_\_\_\_ Other (list, including step parents) \_\_\_\_\_

\_\_\_\_\_ I do not consent to sharing my medical records.

Patient’s Name: \_\_\_\_\_

Patient’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_