

Bramblebush Pediatrics

Giannina Tierney, M.D.

Kira Grant Edwards, D.O.

15 Bramblebush Park

Falmouth, MA 02540

508 548 6969

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: _____