

**Newton-Wellesley Obstetrics & Gynecology, PC**  
2000 Washington Street, Suite 768  
Newton, MA 02462  
617 332-2345----617 332-0435 (Fax)

**AUTHORIZATION TO RELEASE MEDICAL RECORDS**

Patient Information:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
Birth Date: \_\_\_\_\_

Release Information To:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Authorization:

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF SENSITIVE INFORMATION**

This medical record may contain certain sensitive or statutorily protected information, including:

- \_\_\_\_\_ Mental Health Information
- \_\_\_\_\_ Domestic Violence Information
- \_\_\_\_\_ Alcohol/Drug Abuse Information
- \_\_\_\_\_ Sexual Assault Information
- \_\_\_\_\_ Sexually Transmitted Diseases
- \_\_\_\_\_ HIV/AIDS testing

A separate signature is required.

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_