MIDDLEBORO PEDIATRICS

2 LAKEVILLE BUSINESS PARK, LAKEVILLE, MASSACHUSETTS 02347 TEL (508) 947-0630 FAX (508) 947-0639

MARTIN A. GROSS, MD, FAAP HILARY A. WELLAND, MD, FAAP ARON D. BORNSTEIN, MD, FAAP CAROLINA P. GAPUD, MD, FAAP FIONA E. PAUL, RN, Ph.D., CPNP MEREDITH M. RUBINI, RN, CPNP

HEALTH CARE FOR PATIENTS AGE 18 AND ABOVE

Now that you are 18 or older, you are in charge of your own health care. Your parents can advise you (and we hope you listen to them) but you have the right to make your own decisions regarding your health care. Legally, we cannot give out any health care information to anyone unless you have given written permission to do so. To aid us in providing the best care for you, we are asking that you complete the following two documents:

Authorization for Release of Information to Parents.

Please complete this form which allows us to give information regarding your health care to your parents and/or anyone else that you designate. If there is any specific information that you would prefer that we not give out, you may indicate that accordingly on the form.

Massachusetts Health Care Proxy

This form is used in a situation where you are disabled and unable to make health care decisions for yourself. You should specify someone to make health care decisions for you until you are again able to make decisions. In most cases this would be a parent.

Please take the form home, read the additional information before completing it, then return it to us. We will be happy to make copies of your completed form for you and your designated agent(s).