

10 Queen Street
Newtown CT, 06470
Phone: (203) 426-3267
Fax: (203) 426-3903



Laura Nowacki, MD
Jennifer Burns, APRN
Emilie Koepke Gibbs, PA-C

**CONSENT TO DISCUSS MEDICAL INFORMATION AND PROTECTED HEALTH
INFORMATION OF A PATIENT OVER 18 YEARS OF AGE**

Name: _____

DOB: _____

I certify that I am 18 years of age or older and I authorize Newtown Center Pediatrics to share all of my protected health information with the following individuals.

Parent/Legal Guardian	Phone #	Relationship
-----------------------	---------	--------------

Parent/Legal Guardian	Phone #	Relationship
-----------------------	---------	--------------

I further request the following information be my primary contact information:

Phone: _____ Email: _____

Address: _____

City	State	Zip
------	-------	-----

This authorization will remain in effect until I am no longer a patient of Newtown Center Pediatrics **OR** until the following defined date: _____.

I understand that I may revoke this authorization at any time for any reason by contacting the office.

Patient Signature

Date