



# HOME SAFE PROGRAM ENVIRONMENTAL HEALTH OFFICE

## Medical Records Release Form

I, \_\_\_\_\_, give permission to the Environmental Health Office's Healthy Homes Project staff to review copies of my child \_\_\_\_\_'s medical records\* for the purpose of counting the number of health care provider visits **to look at asthma, allergies, lead poisoning and injury**. The staff may also attempt to obtain billing information from your health care or your insurance provider. All records and information received by the Environmental Health Office will be kept confidential.

The child's date of birth is \_\_\_\_\_.

\*Medical records may include information that (1) pertains to the identity, diagnosis or treatment of drug or alcohol abuse (2) contains information acquired by social workers consulting the child in a professional capacity (3) contains communications between my child and psychotherapists relative to the diagnosis or treatment of a mental or emotional condition (4) contains confidential communications with a sexual assault counselor or (5) contains results of HIV testing. **Boston Public Health Commission will not use any such information.**

**My pediatrician/primary care provider is:**

**This child was also seen by/at:**

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

\_\_\_\_\_

Health Center: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

(Expires two years from date above).

This release form can be revoked at any time, orally or in writing.

**Please send Medical Records to:**

Boston Public Health Commission, Environmental Health Office  
1010 Massachusetts Ave, 2<sup>nd</sup> floor, Boston, MA 02118  
Attention: Anne Batcheller, RN