



NEWTON-WELLESLEY
HOSPITAL

2014 Washington Street
Newton, Massachusetts 02462

PATIENT IDENTIFICATION AREA

Release of Information Declination Form

I have read and understand the Partners Healthcare Release of Information that was provided (and explanations provided on Health Services website)

I do not wish to sign this form for the following groups/individuals:

Parents

External Providers

Wellesley College Providers

I will contact Health Services should this change.

Student Name

Date

NOT PART OF THE MEDICAL RECORD