

*Nahid S. Majd, M.D., F.A.A.P.*  
*Maria de la Morena, M.D., F.A.A.P.*  
*Harrison Pediatrics LLP*  
The Rockledge Building, Suite 205  
1600 Harrison Avenue  
Mamaroneck, NY 10543  
914-777-6600  
Fax – 914-777-6602

**INFORMATION DISCLOSURE FOR PATIENTS 18 AND OLDER**

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

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

Date of Birth: \_\_\_\_\_

- I decline.
- I hereby give permission for the doctors of Harrison Pediatrics to discuss my medical care with:

Name(s): \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Cell Phone #: \_\_\_\_\_