**Stony Brook Pediatrics, P.C., FAAP**

Quality Health Care for Infants, Children & Teens

Dansville Office 22 Red Jacket St-Dansville NY 14437-Phone (585) 335-5200 Fax (585)335-8579

Geneseo Office 50 E. South St.-Suite 400-Geneseo NY 14454-Phone (585) 243-9340 Fax (585)243-9344

Deanna Lyons, MD-Jennifer Graham, MD-Jason Elwell, MD

Kathryn Edwards, PNP- Kathryn Bennett, PNP- PNP-Jordanne Swanson, PNP

Patricia Wheeler, RPA-C-Ashley Milliken, PNP-Sarah Easton, PNP

**RECORDS RELEASE**

I authorize STONY BROOK PEDIATRICS, P.C., FAAP to:

\_\_\_\_\_\_\_\_Send my medical records to:

\_\_\_\_\_\_\_\_Obtain my medical records from:

The Protected Health Information (PHI) to be released consists of:

\_\_\_\_\_\_All records

\_\_\_\_\_\_All records excluding: \_\_\_\_\_\_\_\_Alcohol/Drug related information

\_\_\_\_\_\_\_\_Mental Health related information

\_\_\_\_\_\_Selected item(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTE: by law, all HIV/AIDS related information requires separate authorization form.

For the purpose of:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Transferring care to this facility.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Exchange of information between STONY BROOK PEDIATRICS and

Above facility.

THIS RELEASE APPLIES TO:

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This authorization will expire on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This authorization may be revoked upon written request of the patient or parent/guardian.

SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(patient/parent/legal guardian)

OFFICE USE ONLY

OM: \_\_\_\_\_ PROVIDER: \_\_\_\_\_\_\_\_ RN: \_\_\_\_\_\_\_\_\_\_\_ SENT: \_\_\_\_\_\_\_\_\_\_\_\_\_