



By signing this, I authorize Tonawanda Pediatrics / Island Pediatrics / Transit Meadow Pediatrics to obtain protected health information (PHI) about:

\_\_\_\_\_  
(Patients' Name)

\_\_\_\_\_  
(Birth Date)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, Zip Code)

From the following discloser (health care provider):

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Fax)

Information to be released:

Complete medical record

Summary of care

Immunization records

Records pertaining to: \_\_\_\_\_

Dates of Service from \_\_\_\_\_ to \_\_\_\_\_

This information will be used for the following purpose: \_\_\_\_\_

This request will expire on: \_\_\_\_\_

I understand that:

- I have the right to refuse to sign this request. Treatment will not be conditioned on my signing this form.
- I may revoke this request in writing except to the extent that the discloser has acted in reliance upon this request. My written revocation must be submitted to the discloser as listed as above.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Relationship to Patient)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**RETURN TO:**

Tonawanda Pediatrics • 3950 East Robinson Rd., Suite 205 West Amherst, NY 14228 • Phone (716) 691-3400 • Fax (716) 691-3404  
Transit Meadow Pediatrics • East Amherst Medical Park, 6477 Transit Road, East Amherst, NY 14051 • Phone (716) 691-4311 • Fax (716) 691-0371  
Island Pediatrics • 2279 Grand Island Boulevard, Grand Island, NY 14072 • Phone (716) 775-3400 • Fax (716) 775-0455  
Main Pediatrics • 2924 Main Street, Buffalo, NY 14214 • Phone (716) 837-0995 • Fax (716) 837-1203

**YOUR REQUEST WILL BE PROCESSED WITHIN 10 DAYS**