

Tonawanda/Island/Main Pediatrics

Release of Information Authorization

By my signature, I authorize Tonawanda/Island/Main Pediatrics to use and/or disclose certain protected health information about:

(Patient's name)

(Birth Date)

(Street address)

Description of information to be used/disclosed:

(City, State, Zip Code)

Summary of care, including last well visit, growth charts, and immunizations

To the following recipient:

Records pertaining to _____

(Name)

Dates of service from _____ to _____

(Street address)

(City, State, Zip code)

The information will be used or disclosed for the following purpose: _____

This authorization will expire on: _____

Tonawanda Pediatrics will _____, will not _____ receive compensation from a third party in exchange for using/disclosing the above specified information.

I understand that:

- I will be charged \$0.75 per page for medical records (includes photocopying fees, postage, labor) for any copies other than summaries of care and immunization records (which are free).
- I have the right to refuse to sign this authorization. Treatment will not be conditioned on my providing this authorization.
- Special authorization is needed for release of information regarding drug or alcohol treatment, psychiatric outpatient or sex related treatment.
- Information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and no longer be protected by the federal HIPAA Privacy Rule.
- I may revoke this authorization in writing except to the extent that the practice has acted in reliance upon this authorization. My written revocation must be submitted to: Tonawanda Pediatrics, 3950 E. Robinson Rd., Suite 205, W. Amherst, NY 14228.

(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
Tonawanda Pediatrics, East Amherst Medical Park, 6477 Transit Road, East Amherst, NY 14051, Phone 691-4311, Fax: 691-0971
Island Pediatrics 2279 Grand Island Bouslevard, Grand Island, NY 14072, Phone: (716) 775-3400, Fax (716) 775-0455
Main Pediatrics, 2800 Main Street, Buffalo, NY 14214, Phone: 837-0995, Fax: 837-1203

YOUR REQUEST WILL BE PROCESSED WITHIN 10 DAYS

9/09 pt authorizn