



(Please check one)

- Request to Obtain Records/
- Release of Information Authorization

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

(Patients' Name)

(Birth Date)

(Street Address)

(City, State, Zip Code)

To/From the following recipient:

(Name)

(Street Address)

(City, State, Zip code)

Box must be completed:

Records to Include: (Indicate by Initialing)

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

____ Records pertaining to: _____

____ Dates of Service from _____ to _____

Records to Include: (Indicate by Initialing)

____ Alcohol/Drug Treatment

____ Mental Health Information

____ HIV-Related Information

This information will be used 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
Transit Meadow Pediatrics • East Amherst Medical Park, 6477 Transit Road, East Amherst, NY 14051 • Phone (716) 691-4311 • Fax (716) 691-0371
Island Pediatrics • 2271 Grand Island Boulevard, Grand Island, NY 14072 • Phone (716) 775-3400 • Fax (716) 775-0455

YOUR REQUEST WILL BE PROCESSED WITHIN 10 DAYS