LAKESHORE FAMILY MEDICINE
7060 Erie Road, Suite 100
Derby, NY 14047
PH 716-947-0408 FX 716-947-0413

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

TO:_____DATE_____

PLEASE SEND MY MEDICAL RECORDS TO LAKE SHORE FAMILY MEDICINE FOR THE FOLLOWING REQUEST:

I AM CHANGING MY PRIMARY CARE PHYSICIAN, PLEASE SEND OFFICE NOTES, TEST RESULTS, IMMUNIZATION RECORDS AND MOST RECENT PHYSICAL……FROM: _____TO: _____.

⬭ PLEASE SEND MY ENTIRE RECORD.

⬭ MY HOSPITAL STAY, INCLUDING TEST RESULTS, CONSULTS, MED LISTS AND DISCHARGE SUMMARY DATE:_____

⬭ MY EMERGENCY ROOM VISIT, INCLUDING ALL TEST RESULTS, CONSULTS, MED LISTS AND DISCHARGE SUMMARY. DATE_____

⬭ SPECIALIST CONSULTATION, INCLUDING ALL TEST RESULTS, MED LISTS AND ADDITIONAL TREATMENTS. DATE_____

PRINT NAME OF PATIENT:_____**DOB**_____

PATIENT SIGNATURE:_____

GUARDIAN/LEAGAL REPRESENTATIVE SIGNATURE:_____

RELATIONSHIP TO PATIENT:_____

I understand that the information in my health record may contain information relating to sexually transmitted disease, acquired immunodeficiency (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavior or mental health services, and treatment for alcohol and drug use. I understand such revocation will not apply to my insurance company when the law provides my insurer the right to contest a claim under my policy.

I understand I have the right to revoke this authorization at any time. I understand if I revoke this authorization I must do so in writing and present the written document to the health information department. I need not sign this form to assure treatment I understand I may inspect or copy the information to be used or disclosed, as provided for in CFR 164.524. I understand any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by further Federal Confidentiality Rules If I have questions about disclosure of my health information, I can contact the office at Lakeshore Family Medicine.

IF I FAIL TO SPECIFY AN EXPIRATION DATE, EVENT OR CONDITION THIS AUTHORIZATION WILL EXPIRE IN SIX MONTHS.