

# STONY BROOK PEDIATRICS, P.C., FAAP

Dansville Office 22 Red Jacket St., Dansville, NY 14437 Phone (585) 335-5200 Fax (585) 335-8579  
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## RECORDS RELEASE

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

\_\_\_\_ Send my medical records to:

\_\_\_\_ Obtain my medical records from:

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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: \_\_\_\_\_

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: \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

This authorization will expire on \_\_\_\_\_.

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

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

(Patient or Parent/Legal Guardian)

### OFFICE USE ONLY

O.M. \_\_\_\_\_ Provider \_\_\_\_\_ RN \_\_\_\_\_ Sent \_\_\_\_\_