CNY BRAIN & SPINE NEUROSURGERY
83 Genesee Street
New Hartford, NY 13413-2389

Phone: 315-792-7629 Fax: 315-792-3617

Patient Authorization for Release of Medical Records

Patient's Name:
Address:

DOB:

Please check all information that applies:

- ☐ Chart Notes
- ☐ MRI report
- ☐ X-rays
- ☐ CAT Scan
- ☐ Other (please specify):

Please include dates, body side and body part:

☐ I give my authorization to release the above protected information to CNY BRAIN & SPINE NEUROSURGERY
☐ I am authorizing CNY BRAIN & SPINE NEUROSURGERY to disclose or release the above protected information to the following person or organization. The following will receive and use my protected health information:

Name:
Address:
Fax #:

Select one of the following choices:

- ☐ This authorization will end on the following date:
- ☐ This authorization will end when the following event happens. The event must relate to the individual or the purpose of the authorized use/or disclosure. Describe the event below:

Signature of Patient:
Name of Patient:
Date:

Note: There is a $.75 charge per each page copied, $6.75 per CD and $10 per USB drive, as allowed by law, if this record is not being sent to physician or other health facility for the continuation of care. If a person is unable to afford such a payment and can show proof of income and inability to pay, the fee will be waived. Per New York State Law, this office has ten (10) business days to comply with your request.