

PINE STREET PEDIATRIC ASSOCIATES, P.C.

Donald Z. Rosenblum M.D., F.A.A.P.
Jane H. Ferguson, M.D., F.A.A.P.
Joseph Appel, M.D., F.A.A.P.
Roger D. Green, M.D., F.A.A.P.
Valerie M. Spreng, M.D., F.A.A.P.
Nalini Nauth-Otello, M.D., F.A.A.P.

Brett M. Macaluso, M.D. F.A.A.P.
Peter J. O'Connor, M.D. F.A.A.P.
Danielle Cigliano, D.O., F.A.A.P.
Maria T. Brown, M.S., C.P.N.P.
M. Scott Owitz, M.S., F.N.P.-C

Authorization For Release Of Medical Records

From Pine Street Pediatrics

I have read and understand the following: I hereby authorize Pine Street Pediatric Associates, PC to release of the entire medical record(s) of the patient(s) below. I understand that the information is confidential and protected from disclosure. If this information includes psychiatric, drug/alcohol abuse and HIV information then separate special releases for such information are required and available in our office.

This authorization to release medical information may be revoked by myself, in writing at anytime, sent by fax or mail to Pine Street Pediatric Associates, except to the extent that this information has already been released. This authorization is effective for six months after receipt, or until the date we receive written revocation of such consent. Treatment is not conditioned on the signing of this authorization.

Patient's Name:

Date of Birth:

Please print legibly

Description of the information to be disclosed (**check one**):

The patient's entire medical record

Only certain portions of the medical record (Please explain below)

Please fill out both pages completely

Who will receive the Medical Records? (Name and address)

Reason for release of medical records: _____

I understand that this information may be redisclosed by the receiving party, if they are not required by law to protect the privacy of the information

Signature of Patient or Parent or Legal Guardian **Date**

Printed name of patient or Parent or Legal Guardian

If not patient or parent, **nature of relationship to patient:** _____

Note: Any other address or fax number is not permitted by this authorization.

Print the address and tel. number of the person making this request:

FOR OFFICE USE ONLY *(Do not write below this line)*

Authorization witnessed by _____

Authorization added to the patient's medical record on _____

Copy provided to patient _____

10/2009

Pine Street Pediatric Associates, PC

140 Pine Street, Suite 210 Kingston, NY 12401 Tel: 845-331-4484 Fax: 845-331-7160	8 Prince Street Red Hook, NY 12571 Tel: 845-758-1996 Fax: 845-758-8462	145 Sawkill Road Kingston, NY 12401 Tel: 845-340-1760 Fax: 845-340-9258	550 Route 299, Suite 200 Highland, N.Y. 12528 Tel: 845-883-4400 Fax: 845-883-4406
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