

# AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

**Mail:** Somers Orthopaedic Surgery & Sports Medicine Group PLLC OR Call RECORD QUEST @ 888-300-7410  
664 Stoneleigh Ave, Ste 300, Carmel, NY 10512 OR You can e-mail roi.recordquest.com

Authorization forms must be filled out completely, signed & dated by the patient or authorized representative, parent or legal guardian. Somers Orthopaedics requires 14 days advance notice to process all records & copying requests.

PATIENT NAME \_\_\_\_\_ DOB \_\_\_\_\_  
ADDRESS \_\_\_\_\_ SS# \_\_\_\_\_  
TELEPHONE: HOME \_\_\_\_\_ CELL \_\_\_\_\_ WORK \_\_\_\_\_

1. PHYSICIAN:  J. BUCHALTER M.D.  L. FOSTER M.D.  D. FAUSER M.D.  V. KHABIE M.D.  
 W. CHANG M.D.  M. BERNSTEIN M.D.  J. PARK M.D.  A. BERMAN DPM  
 N. PANARO M.D.  A. PERETZ M.D.  J. YORMAK M.D.  J. MELNICK M.D.  
 S. STYLES M.D.  S. LEVIN M.D.  Y. MAGHEN M.D.  \_\_\_\_\_
2. OFFICE:  CARMEL  NEWBURGH  MT KISCD  FISHKILL
3. CASE TYPE:  GENERAL INS  WORKERS COMP  OFFICE MEDICAL RECORDS # \_\_\_\_\_  AUTO/NO FAULT
4. DESCRIPTION OF MEDICAL INFORMATION TO BE RELEASED: PLEASE SPECIFY THE INFORMATION TO BE RELEASED BY DESCRIPTION AND DATES  
 PROGRESS NOTES  OPERATIVE REPORTS  X-RAY/MRI FILMS  X-RAY/MRI REPORTS  LABORATORY/PATHOLOGY REPORTS

INCLUDE: (Indicate by Initialing) \_\_\_\_\_ Alcohol/Drug Treatment \_\_\_\_\_ Mental Health Information \_\_\_\_\_ HIV/AIDS Related Information

5. PRINT NAME, ADDRESS & TELEPHONE OF PERSON(S) TO WHOM THIS INFORMATION WILL BE DISCLOSED:

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_

6. REASON FOR REQUEST: \_\_\_\_\_ 7. SPECIFY ANY RESTRICTIONS: \_\_\_\_\_

8. This authorization will expire on: \_\_\_\_\_ (no longer than 1 year)

9. I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form. I understand that:
- This authorization may include disclosure of information relating to MENTAL HEALTH TREATMENT, ALCOHOL and DRUG TREATMENT and CONFIDENTIAL HIV/AIDS RELATED INFORMATION only if I place my initials on the appropriate line in Number 4 above. In the event that health information described above includes any of these types of information, and I initial the applicable line in Number 4 above, I specifically authorize release of such information to the person(s) indicated in Number 5 above.
  - If the person or organization I am authorizing to receive my information is not a health insurance plan or health professional, the released information may be subject to disclosure and may no longer be protected by the Federal privacy regulations. If I am authorizing the release of HIV/AIDS-related, alcohol or drug treatment or mental health treatment information, the recipient is prohibited from re-disclosing such information or using the disclosed information for any other purpose without my authorization unless permitted to do so under federal or state law. If I experience discrimination because of the release or disclosure of HIV/AIDS-related information, I may contact the N.Y. State Division of Human Rights at 1-888-392-3644. This agency is responsible for protecting my rights.
  - I have the right to revoke this authorization at any time and I must submit my request in writing to Somers Orthopaedic Surgery & Sports Medicine Group, PLLC. I understand that the revocation will not apply to any disclosure(s) in response to this authorization prior to the date of the revocation.
  - I will be responsible for any copying fee and/or postage fees if applicable. (NYS Public Health Law Sections 17 & 18 - \$0.75 / page). \*Please inquire regarding Radiology CD/Film fees.

Patient Signature \_\_\_\_\_

Date \_\_\_\_\_

Authorization Representative (Signature and print Relationship) \_\_\_\_\_

Date \_\_\_\_\_

### Statement of Discrimination

Somers Orthopaedic Surgery & Sports Medicine Group, PLLC, complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Somers Orthopaedic Surgery & Sports Medicine Group, PLLC, cumple con las leyes federales de derechos civiles y no discrimina por raza, color, origen nacional, edad, discapacidad o sexo.