HI2C641

Stony Brook Medicine
Stony Brook, NY 11794

AUTHORIZATION FOR DISCLOSURE OF HEALTH INFORMATION FROM PRACTICES

I hereby authorize _____ to disclose the following information from my health record.

Patient name: _____ Date of birth: _____

Address: _____ Telephone: _____

_____ Medical Record Number: _____
(Office use only)

Date(s) of Treatment being requested: _____

Requested Information:

- ☐ Abstract (subset of records)
- ☐ Discharge Summary
- ☐ Operative Report
- ☐ Radiology (X-Ray, MRI, etc.) (written report only)
- ☐ Emergency Record
- ☐ Laboratory Testing
- ☐ Consults
- ☐ Cardiac Testing
- ☐ Cardiac CD
- ☐ Autopsy Report
- ☐ Pathology Report
- ☐ Endoscopy/Colonoscopy
- ☐ Complete Record

Other (please specify) _____

I understand that this may include **sensitive information** relating to:

Acquired immunodeficiency syndrome (AIDS) or human immunodeficiency virus (HIV) infection.
Behavioral health services/psychiatric care.
Treatment for alcohol and/or substance use disorder.

This information is to be released to: Name: _____

Address: _____

_____

Phone: _____ Fax: _____

For the purpose of _____

The records can be received by the following:

- ☐ Printed copy ☐ CD
- ☐ Electronic download / E-Mail to _____
(please print clearly)

Signed: X _____ Date: _____
(Patient) or (Parent/Legal Guardian)

X _____ Date: _____
(Legal representative) (Relationship to patient, description of authority)

Any disclosure of substance use disorder patient records is governed by Federal law (see 42 CFR Part 2), and all disclosures of such records shall be accompanied by the following written statement:

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to ciminally investigate or prosecute any substance use disorder patient.