

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: