



Health Information Management Dept.
 155 Crystal Run Road
 Middletown, NY 10941
 845-703-6999

61 Emerald Place
 Rock Hill, NY 12775
 845-794-6999
 Fax 845-796-5899

Request for Medical Information

Patient Name: _____ Phone Number: _____
 Address: _____
 City, State, Zip _____
 SS#: _____ Date of Birth: _____ MM DD YY

The above-named patient is under the care of Crystal Run Healthcare. I hereby authorize the below provider to disclose my protected health information (information pertaining to my medical record) as indicated below:

(Fill in name and complete address of medical provider from whom information is being requested)

Physician and/or Provider: _____
 Street Address: _____ City, State, Zip: _____
 Phone and/or Fax: _____

THIS INFORMATION IS TO BE DISCLOSED TO: **Crystal Run Healthcare**
Health Information Management Department
155 Crystal Run Road
Middletown, NY 10941
FAX: 845-796-5899

DESCRIPTION OF INFORMATION TO BE DISCLOSED:

All records
 For dates of treatment from _____ to _____

Include (indicate by initialing): _____ **Alcohol/Drug Treatment** _____ **HIV Related Info and test results**
 _____ **Mental Health Information**

TO BE READ AND SIGNED BY PATIENT:

- I understand the following:
- a. I may revoke this authorization at any time by providing written notice to the practice.
 - b. I may not be able to revoke this authorization if the practice has already taken action utilizing this authorization or if the authorization was obtained as a condition of obtaining insurance coverage.
 - c. The practice will not condition treatment or payment based on my signing this authorization.
 - d. I am signing this authorization freely and under no pressure from any individual to do so.
 - e. The information disclosed in this authorization may be subject to redisclosure by the practice and no longer protected by federal law.
 - f. I acknowledge that I have had an opportunity to review this authorization and understand the intent and use.

Signature of Patient or Patient Representative: _____ **Date:** _____