MR2N644

Stony Brook Medicine

Stony Brook, NY 11794

REQUEST FOR ACCESS TO HEALTH INFORMATION BY PATIENT OR PERSONAL REPRESENTATIVE (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:_____ _____

Only you may receive your records for a flat rate of $6.50 by choosing one of the following options:

☐ Printed copy ☐ CD

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

Please note: email is not a secure method of transmission of your health information. Stony Brook Medicine is not responsible for the privacy of this information emailed at your request.

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

X _____ Date: _____
Health Care Agent - Only if the patient lacks capacity to sign for him/herself

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 criminally investigate or prosecute any substance use disorder patient.

Stony Brook University Hospital encompasses Stony Brook University Hospital, 101 Nicolls Road, Stony Brook, New York, 11794; Stony Brook Southampton Hospital, 240 Meeting House Lane, Southampton, NY 11968; and Stony Brook Eastern Long Island Hospital, 201 Manor Place, Greenport, NY 11944.