

**BRIARCLIFF PEDIATRIC ASSOCIATES**

Affiliated with Children's and Women's Physicians of Westchester, LLP

**755 No. Broadway, Suite 500**

**Sleepy Hollow, New York 10591**

**AUTHORIZATION TO DISCLOSE HEALTH INFORMATION**

**PATIENT NAME**

**DATE**

- 1) I authorize to use or disclose the above named individual's health information as directed below
- 2) The type and amount of information to be used or disclosed is as follows:  
\_\_\_\_\_ list of allergies  
\_\_\_\_\_ most recent physical  
\_\_\_\_\_ x-ray and imaging reports  
\_\_\_\_\_ immunization record  
\_\_\_\_\_ laboratory results
- 3) I understand that the information in my health record may include information relating to sexually transmitted disease, behavioral or mental health services and treatment for alcohol and drug abuse.
- 4) This information may be disclosed to and used by the following individual or organization for the purpose of referrals or faxing information requested.  
Hospitals, Day Care Providers, Schools and Sports Programs
- 5) I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to the health information management department. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy
- 6) I understand that authorizing the disclosure of this health information is voluntary. I need not sign this form in order to assure treatment. I understand that I may inspect or copy the information to be used or disclosed, as provided in CFE 164.524. If I have questions about disclosure of my health information, I can contact either the Ofc.Manager or Bus. Manager.

**SIGNATURE OF PATIENT OR LEGAL REPRESENTATIVE**

**DATE**

**BY CHECKING HERE THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL WITHDRAWN IN WRITING.**