Email: Refuahmedicalrecords@refuahhealth.org Phone: 845-354-9300 Fax: 845-354-3305

RELEASE OF INFORMATION AUTHORIZATION

Patient Name: _____ Date of Birth: _____

Chart Number: _____ Other Name: _____

Street Address: _____

City/State/Zip: _____ Telephone: _____

Email Address: _____ Web Enabled: ☐ Yes ☐ No

Facility/Provider Authorized to Release Information: _____

Release records to:

Individuals (Name and Address):

_____

Providers/Facilities (Name and Address):

_____

Records Covering Period: From: _____ To: _____

Purpose of Disclosure (check all that apply):

☐ Continuing Medical Treatment ☐ Insurance ☐ Attorney ☐ Other:

Specific Information Requested:

☐ Last visit note including lab results

☐ All health information except: _____

☐ Other: _____

Sensitive Information (Initial to Authorize):

Alcohol/Drug Treatment Records: _____ Mental Health (excluding psychotherapy notes): _____ Mental Health (including psychotherapy notes): HIV/AIDS-related Information: _____

Signature of Patient or Authorized Person: _____ Date: _____

Relationship to Patient: _____

Print Name: _____

Important Notices

This authorization expires **twelve (12) months** from the date it is signed.

You may revoke this authorization at any time by providing written or verbal notice to Refuah Health Center, except to the extent that action has already been taken in reliance on this authorization.

Refuah Health Center will not condition treatment, payment, enrollment, or eligibility for benefits on whether you sign this authorization.

Health information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal privacy regulations, except as otherwise limited by applicable federal or state law, including laws governing HIV/AIDS, mental health, or alcohol and substance use disorder treatment records.

If you believe you have experienced discrimination as a result of the disclosure of HIV/AIDS-related information, you may contact the New York State Division of Human Rights at **1-888-392-3644**.