Renaissance OB/GYN of Cortland
103 North Main Street Cortland, NY 13045
607-758-9977-phone 607-758-5420- fax

2333 North Triphammer Rd. Suite 302 Ithaca, NY 14850
607-319-4679 phone 607-758-5420 fax

Authorization to Disclose Protected Health Information

Complete all sections; check the appropriate boxes, date and sign.

Date: _____

Patient Name: _____Date of Birth:_____

Address: _____

_____Phone: _____

- I hereby authorize Renaissance OB/GYN to release my medical information to:

Name: _____

Address: _____

Phone: _____ Fax:_____

OR

- I hereby authorize Renaissance OB/GYN to obtain my medical information from:

Name: _____

Address: _____

Phone: _____Fax: _____

Purpose of Disclosure: Transfer of Care Legal Specialist Personal Use

Other _____

Information to be disclosed: (please check all that apply)

Complete record

Only information related to (*specify*)_____

Only the period of events from _____to_____

Other (*specify) (CHS, Billing, ECT*) _____

Psychotherapy Notes ONLY (checking this box, I am waiving any therapist-patient privilege)

If you would like any of the following sensitive information disclosed, please check all that apply:

Alcohol/Drug Abuse Treatment HIV/AIDS related treatment

Sexually Transmitted Diseases Mental Health (Other than Psychotherapy notes)

_____

I understand that I may revoke this authorization in writing, submitted at any time to the above address of Renaissance OB/GYN. Except to the extent that action has been taken in reliance on this authorization. If this authorization was obtained as a condition of obtaining insurance coverage or a policy of insurance, other law may provide the insurer with the right to contest a claim under the policy. If this authorization has not been revoked, it will terminate one year from the date of my signature unless a different expiration date or expiration event is stated here:

_____

_____

_____ _____

Signature of Patient Date

_____ _____

Signature of Personal Representative (state relationship to pt) Date

Or Witness (if signature is thumbprint or mark)