

MEDICAL RECORDS RELEASE FORM

I, _____, authorize Weill Cornell Medical Associates to release a
(Person requesting medical records)
copy of my medical record to: _____

Please Provide Records Via

- () *Regular Mail* _____
- () *CD in PDF format* _____
- () *FAX* _____

My physician at Weill Cornell Medical Associates is/was: _____

Reason for Request: () moving () changed insurance () transferring care for other reason
() release info to specialist () other _____

I specifically authorize the release of the following:

_____ **Pertinent Record** (includes the previous 3 years of office notes, lab work, and ALL other pertinent tests)

_____ **Entire Chart** (please be aware the charge for this may be several hundred dollars, depending on the size of the chart. The entire record will remain on file indefinitely in our electronic record if there is ever a need to access it, and most physicians will not require the entire chart)

Patient Comments/Notes _____

I expressly and voluntarily authorize disclosure of the above medical record information. I further understand that I am not giving permission for any disclosure other than described above. I understand that I may revoke this authorization at any time, except to the extent action has been taken on this authorization.

This release is effective for 90 days from the date signed, unless otherwise specified as follows: _____

I understand that the parties in receipt of these records may not further disclose the medical information unless another authorization is obtained for me, or unless such disclosure is specifically required or permitted by law.

Charges: I further understand that Weill Cornell Medical Associates, in accordance with New York State Law, may charge up to 75 cents per page. I agree to pay these charges plus any postage.

Patient's Name (if other than requestor)

Patient's DOB

Signature

Date

Return to appropriate office:

Weill Cornell Medical Associates – East Side 211 East 80 th Street, New York, NY 10075 Phone: 646-962-7300 Fax: 646-962-0409	Weill Cornell Medical Associates – West Side 12 West 72 nd St. New York, NY 10023 Phone: 646-962-7800 Fax: 646-962-0415
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