



Authorization to Release Health Information

Patient Name Date of Birth

Telephone Social Security #

Other names patient has used: _____

Send records to (please circle appropriate provider):

Sara C. Scheid, MD Ramez J. Awwad, MD David Foyt, MD

1220 New Scotland Road, Suite 301
Slingerlands, New York 12159

I do do not (check applicable box) authorize this information to be faxed.
If yes, fax number (518) 439-5968.

This information is being disclosed for the purpose of Continuing Health Care.
For health care covering the period(s) all or from: _____ to _____

Complete health record to be disclosed of (check appropriate boxes):

- Operative report and pathology report from year _____
- History and physical exam progress notes discharge summary
- X-rays/ultrasounds laboratory tests consultations

I understand that the specific information to be released may include AIDS or HIV, alcohol and/or drug abuse and mental health. I understand that if I request copies of records for myself or a member of my family, a review of this information with my physician or other health care provider is encouraged. I understand that if the physician does not feel it is in my best interest, I may designate another healthcare provider to receive these records. I accept responsibility for these copies and information contained herein.

Unless otherwise indicated, this authorization will expire in ninety (90) days from the date of signature. The physician and employees are released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein. I understand that this authorization may be evoked in writing at any time, except to the extent that action has been taken in reliance on this authorization for the purpose stated above.

I understand that there may be a fee for preparing and furnishing this information.

Signature of Patient or legal representative Relationship to patient Date

Capital Region Ear, Nose and Throat and the Capital Region Ear Institute are a division of Capital Region Neurosurgery, PLLC.

Section 18 of the New York State Public Health Law requires all health care practitioners grant patient access to their own medical records. Law contains procedures for making these records available and the conditions under which a provider can deny access. Patients may request information, in writing, as may parents or guardians who have authorized their child's care.

New York State law guarantees you the opportunity to receive your medical records within 10 days of your request.