

# Tonawanda/Island/Main Pediatrics

## REQUEST TO OBTAIN HEALTH INFORMATION

By signing this, I authorize **Tonawanda/Island/Main Pediatrics** to obtain protected health information about:

\_\_\_\_\_  
(Patients' name)

\_\_\_\_\_  
(Birth Date)

\_\_\_\_\_  
(Street address)

\_\_\_\_\_  
(City, State, Zip code)

From the following discloser (health care provider):

Information to be released:

Complete medical record

Summary of care

Immunization records

Records pertaining to: \_\_\_\_\_

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street address)

\_\_\_\_\_  
(City, state, zip)

Dates of Service from \_\_\_\_\_ to \_\_\_\_\_

This information will be used for the following purpose: \_\_\_\_\_

This request will expire on: \_\_\_\_\_

I understand that:

- I have the right to refuse to sign this request. Treatment will not be conditioned on my signing this form.
- I may revoke this request in writing except to the extent that the discloser has acted in reliance upon this request. My written revocation must be submitted to the discloser as listed as above.

\_\_\_\_\_  
(Print name)

\_\_\_\_\_  
(Relationship to Patient)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

### RETURN TO:

Tonawanda Pediatrics, 3950 East Robinson Road, Suite 205, West Amherst, NY 14228, Phone: (716) 691-3400, Fax: (716) 691-3404

Tonawanda Pediatrics, East Amherst Medical Park, 6477 Transit Road, East Amherst, NY 14051, Phone 691-4311, Fax: 691-0971

Island Pediatrics, 2271 Grand Island Boulevard, Grand Island, NY 14072, Phone: (716) 775-3400, Fax: 9716)-775-0455

Main Pediatrics, 2800 Main Street, Buffalo, NY 14214, Phone: 837-0995, Fax: 837-1203