Stony Brook Southampton Hospital

240 Meeting House Lane Southampton, NY 11968

PATIENT LABEL

PATIENT REQUEST FOR DISCLOSURE FROM STONY BROOK SOUTHAMPTON HOSPITAL

I hereby authorize Stony Brook Southampton Hospital to disclose the following information from my health record

Patient name: _____ Date of birth: _____

Address: _____ Telephone: _____

_____ Medical Record Number: _____
(Office use only)

Date(s) of Treatment being requested: _____

Requested Information: *** No Charge**

- ❒ Abstract (subset of records)
- ❒ Autopsy Report
- ❒ Cardiac CD*
- ❒ Cardiac Testing*
- ❒ Consults
- ❒ Discharge Summary
- ❒ Emergency Record
- ❒ Endoscopy/Colonoscopy
- ❒ Laboratory Testing*
- ❒ Operative Report
- ❒ Pathology Report
- ❒ Radiology Image CD*
- ❒ Radiology (X-Ray, MRI,etc.) (written report only)*
- ❒ Complete Record

Other (please specify) _____

I understand that this may include **sensitive information** relating to:

Acquired immunodeficiency syndrome (AIDS) or human immunodeficiency virus (HIV) infection
Behavioral health services/psychiatric care.
Treatment for alcohol and/or substance use disorder.

This information is to be released to: Name: _____

Address: _____

_____

Phone: _____

Only you may receive your records for a flat rate of $6.50 by choosing one of the following options:

❒ Printed copy ❒ CD

❒ Electronic download / E-Mail to _____

(print very clearly)

Please note: email is not a secure method of transmission of your health information. Stony Brook Medicine is not responsible for the privacy of this information emailed at your request.

Signed: _____ Date: _____

(Patient) or (Parent/Legal Guardian)

_____ Date: _____

Health Care Agent – Only if the patient lacks capacity to sign for his/her self

Any disclosure of substance use disorder patient records is governed by Federal law (see 42 CFR Part 2), and all disclosures of such records shall be accompanied by the following written statement:

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any substance use disorder patient.