



Attention Health Information Management (HIM)
5496 East Taft Road, North Syracuse, NY 13212

PATIENT REQUEST TO OBTAIN A COPY OF HIS/HER MEDICAL RECORDS

Failure to complete this form in its entirety will result in a delay in you receiving your records.

We will not take corrections over the phone.

1. Patient Information (Please Print)

Last First Middle Date of Birth Contact Phone Number

Address: Street Address City State Zip Code

I am requesting New York Spine and Wellness Center to provide me with a copy of my medical records. I understand that these records contain protected health information (PHI). NO FEE IS CHARGED . You will receive a phone call when the records are ready.

2. I prefer my records to be; choose one

- Paper format CD(s) in PDF format

3. Select the records you are requesting:

- All Records Lab results (including drug screens) Office notes Procedure notes
 Diagnostic reports (MRI, CT etc.) Other _____

4. Specify date range _____ to _____

5. Please check one:

___ I prefer they be mailed to me at the address above.

___ Please have my records available. I will pick them up at the office I selected: Taft Road Glacier Camillus

___ I designate _____ to pick up my records for me at Taft Road Glacier Camillus

* The name of the person you designate *must match the photo ID* they present at time of pick up.

Signature of Individual Date of request

If this Authorization is to be signed by a Personal Representative of the Individual, please complete the following:

Signature of Personal Representative Printed Name of Personal Representative

Description of authority: _____
(A personal representative must provide legal proof of representation, e.g., guardian, health care proxy, power of attorney)

We will respond to requests for copies within 30 days if the information is located within our facility and within 60 days if the information is located off-site at another facility. If we need additional time to respond to a request for copies, we will notify you in writing within the time frame above to explain the reason for the delay and when you can expect to have a final answer to your request

For office use only

Signature of Staff Fulfilling the request Signature of staff verifying records Date Request Completed