



East Lyme Pediatric Clinic  
170 Flanders Road  
Niantic, Ct 06357  
(860) 739-7444

## Authorization For Release Of Information

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Patient Printed Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

I Authorize *East Lyme Pediatrics* located at *170 Flanders Road Niantic, Ct. 06357*

To release my entire medical record to include (office notes, results of diagnostic testing (testing x-rays, EKG, laboratory testing) and correspondence from specialists. I also request that the following protected Health information be released: HIV testing and related treatment, Psychiatric notes, Alcohol counseling/Testing. •

Restriction List (If applicable): \_\_\_\_\_

Release Record To: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Fax: \_\_\_\_\_

Reason for transfer records of Records: \_\_\_\_\_

Per office policy and Connecticut state Law- The charge for copying of medical records is \$ 0.45 per page plus the cost of first class postage. Payment is due prior to records being copied. We will make every effort to copy your records as quickly as possible. Keep in mind, we have 30 days to honor this request.

\_\_\_\_\_  
Patient signature/parent/Guardian

\_\_\_\_\_  
Date of Request

Contact Number for Parent/Patient: \_\_\_\_\_

**(HIV related information):** this information is disclosed to you from medical records whose confidentiality is protected by state law prohibits you from making any further disclosures of these records without the specific written consent of the person to whom it pertains, of as otherwise permitted by said law.

**(Drug and /or Alcohol):** may revoke this authorization at any time, excepted to the extent that action has been taken thereon. This authorization unless revoked, expires one year from the date signed.  
PL9282 Sec.52-146

**(Psychiatric):** the confidentiality of a psychiatric record is required under Connecticut General Statutes. This information shall not be transmitted to anyone without the written consent or other authorization as provided by CGS. CGS Sec. 52-146