

FINGER LAKES WOMEN'S HEALTH, PLLC

OBSTETRICS AND GYNECOLOGY

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RELEASE OF MEDICAL INFORMATION FOR PRE & POST PARTUM RECORDS ONLY

Patient: _____

Date of Birth _____

I am giving authorization to Finger Lakes Women's Health, PLLC to release my prenatal medical records (chart notes, labs, ultrasounds, HIV results, etc.) to one of the following hospitals: **Highland Hospital** and/or **Strong Memorial Hospital** to facilitate the continuity of my health care.

Furthermore, I give the above named hospitals the authorization to release their Labor and Delivery records to Dr. Susan Dantoni located at Finger Lakes Women's Health, LLC, 90 Office Parkway, Pittsford, NY 14534 or 4 Coulter Rd., Clifton Springs, NY 14432.

This information has been disclosed to you from confidential records, which are protected by New York State Law. State law prohibits you from making any further disclosure of this information without specific written consent of the person to whom it pertains, or as otherwise permitted by law. Any unauthorized further disclosure is in violation of state law and may result in a fine or jail sentence or both. A general authorization for the release of medical or other information is not sufficient authorization for further disclosure.

In addition, medical records kept by this office may or may not contain sensitive information that is considered "**Confidential**" in nature and may not be released without proper written consent from the patient on the appropriate legal form(s). A general authorization for the release of medical or other information is not sufficient authorization for disclosure of "**Confidential**" information. If any such information exists in the medical record of the patient in question, this information will have been withheld from the above-mentioned copies, pending receipt of proper authorization.

Patient Signature

Date

Witness