



## Medical Records Requests

### Please Read All of the Information below Before Signing

Patients or their representative will be charged \$0.75 per page for copies of the patient's medical records. To obtain medical records the patient or their guardian must fill out a HIPAA compliant medical release form. You must allow a minimum of 14 business days for your request to be processed **no exceptions**. Medical records requested by your physician will be free of charge.

**\*\*Please Note:** Our office does not fax records. You must provide a mailing address for the records to be sent to; if an address is not provided our office will not process the request. The attached medical release form must be filled out in its entirety, incomplete forms will not be processed. \*\*

Our office can/will release the complete health record, which includes the following information to the person, entity, physician, etc. that is listed on the attached release:

- All office visit notes written by our physician/nursing staff
- All testing reports from testing done in our facility
- All radiology (written reports only) and laboratory results ordered by our physician/nursing staff

All records not written/ordered by our physicians/nursing staff or done at a facility outside of South Shore Neurologic Associates must be requested by the patient or their representative from the physician/facility where it was performed.

**\*\*Please Note:** Section 18 of the New York State Public Health Law states that a patient cannot sign for records that will be produced in the future; therefore the medical release covers the release of information contained in the medical chart up to the date the medical release is signed. \*\*

If you have any questions please contact our office at (631)666-3939 ext. 1144

Thank You,

Medical Records  
South Shore Neurologic Associates, P.C.  
Fax: (631)666-3995

I have reviewed and understand the above

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(Patient/Guardian Signature)

(Print Name)

(Date)