



THE CENTER IS YOU

Office Use Only:
MR # 297400
Acct. # 43391507

Authorization for Release of Information

I hereby authorize Cayuga Medical Center at Ithaca to release copies of my medical records as directed below to:
(please enter complete mailing address)

Bonnie Anne Rose Blayk
1668 Trumansburg Rd.
Ithaca NY 14850

*I cannot afford to pay,
s request a copy be provided
free of charge.
Smza Blayk
4/9/14*

DESCRIPTION OF INFORMATION

Name: Saunders, Kevin E Date of Birth: 5/1/56
Dates of Service: 4/1/03 & 4/27/02 - 5/2/02
Date Needed By: ASAP

*mailed
4/15/14*

INFORMATION TO BE RELEASED:

- History & Physical
- Discharge Summary
- Consultation
- EKG
- Occupational Health Reports / Results
- ER / Convenient Care
- Laboratory Results
- X-ray Reports
- Operative Report
- Record Abstract
- Other: _____

Includes: (Indicate by initialing)
BAFB ✓ Alcohol/Drug Treatment
BAFB ✓ Mental Health Information
_____ HIV-Related Information

RECEIVED

APR 09 2014

REASON FOR RELEASE:

- At request of individual
- Other: _____

Initial: _____

I understand I may revoke this authorization at any time by presenting written revocation to the Health Information Management Department. Revocation will not apply to information already released in response to this authorization. I understand that any release of information carries with it the potential for redisclosure by the recipient and may not be protected by the federal privacy rules. Cayuga Medical Center will not condition treatment, payment, or eligibility of benefits on completion of an authorization. This authorization will expire on (date or event) _____ If I fail to specify an expiration date or event, this authorization will expire after 6 months.

Smza Blayk
(Signature of patient or legal representative)
formerly known as Kevin Eric Saunders

1668 Trumansburg Rd., Ithaca, NY 14850
(Address)

(Relationship, if other than patient)

(Address)

(Completed by)

4/9/14 2:42 PM
(Date / Time)

The Patient may request a copy of this authorization.
Please send completed form to Health Information Department





Howell-Seeley, Cathy

From: Gerson, Henry MD
Sent: Friday, April 11, 2014 11:15 AM
To: Howell-Seeley, Cathy
Subject: RE: request for info

Okay
hg

From: Howell-Seeley, Cathy
Sent: Friday, April 11, 2014 11:06 AM
To: Gerson, Henry MD
Subject: request for info

Dr. Gerson,

We have a request from Kevin Saunders (aka Bonze Anne Rose Blyak) 597460---4/27/02 to 5/2/02 at his request for a copy of the DS, HP, ER, lab, and Consults, if any. Is this ok to release to him?

Thanks,
Cathy