



Cayuga Medical Center

THE CENTER IS YOU

Approved by NYS Department of Health

*Mailed*

Office Use Only:  
MR # 587460  
Acct. # 41446428

\*ID shown

### 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)

Barbara Anne Rose Blayk  
1668 Trumansburg Rd.  
Ithaca, NY 14850

RECEIVED

JUL 24 2014

### DESCRIPTION OF INFORMATION

Name: Kevin Saunders Date of Birth: 5/1/56 Initial: \_\_\_\_\_  
Dates of Service: 4/26/02  
Date Needed By: ASAP

### 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)

BARB Alcohol/Drug Treatment  
BARB Mental Health Information  
BARB HIV-Related Information

### REASON FOR RELEASE:

- At request of individual
- Other: \_\_\_\_\_

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.

Barbara Blayk  
(Signature of patient or legal representative)

1668 Trumansburg Rd.  
(Address)

\_\_\_\_\_  
(Relationship, if other than patient)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Completed by)

7/24/14 - 4:12 PM  
(Date / Time)

The Patient may request a copy of this authorization.

Please send completed form to Health Information Department  
*I cannot adequately afford the fee, as I am on full disability and so request that these records be made available at no charge.*  
Thanks,  
Sincerely,  
Barbara Blayk



**Karius, Sarah**

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**From:** Gerson, Henry MD  
**Sent:** Friday, July 25, 2014 10:14 AM  
**To:** Karius, Sarah  
**Subject:** RE: Records Request

Its okay  
Hg

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**From:** Karius, Sarah  
**Sent:** Friday, July 25, 2014 9:01 AM  
**To:** Gerson, Henry MD  
**Subject:** Records Request

We had a patient come in last night to sign a release form for an abstract for an admission on 4/27/02-5/2/02. It doesn't state what she needs the records for just "at request of individual". At the time of admission her name was Kevin Saunders. Today her account is under Bonze Anne Rose Blayk M000597460 DOB: 5/1/56. I had to print the record of a disk so if you would like to look at it before giving the ok it's here in medical records. Thank you.

*Sarah Karius*  
*Health Information Assistant*  
*Cayuga Medical Center at Ithaca*  
*Phone: 607-274-4314 ext.3095*  
*Fax: 607-274-4131*  
*[skarius@cayugamed.org](mailto:skarius@cayugamed.org)*