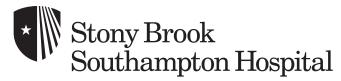
PATIENT LABEL



240 Meeting House Lane Southampton, NY 11968

## REQUEST FOR ACCESS TO HEALTH INFORMATION BY PATIENT OR PERSONAL REPRESENTATIVE

auciii iiailie.	Date of birth: _	
Address:	Telephone:	
	Medical Recor (Office use	d Number:
Date(s) of Treatment being requested: _	•	only)
Requested Information *No Charge	☐ Consults	Operative Report
☐ Abstract (subset of records)	☐ Discharge Summary	☐ Pathology Report
☐ Autopsy Report	☐ Emergency Record	☐ Radiology Image CD*
☐ Cardiac CD*	☐ Endoscopy/Colonoscopy	☐ Radiology (X-Ray, MRI, etc.)
☐ Cardiac Testing*	☐ Laboratory Testing*	(written report only)*
Other (please specify)		☐ Complete Record
I understand that this may include sens	itive information relating to:	
Acquired immunodeficiency syndro	ome (AIDS) or human immunodeficie	ency virus (HIV) infection.
Behavioral health services/psychia	atric care.	
Behavioral health services/psychia Treatment for alcohol and/or subst		
Treatment for alcohol and/or subst	tance use disorder.	
Treatment for alcohol and/or subst	tance use disorder.  Name:	
Treatment for alcohol and/or subst	tance use disorder.  Name:	
Treatment for alcohol and/or subst	tance use disorder.  Name:	
Treatment for alcohol and/or subst	tance use disorder.  Name:  Address:  Phone:	
Treatment for alcohol and/or substance.  This information is to be released to:  You may receive your records for a flat in	tance use disorder.  Name:  Address:  Phone:	
Treatment for alcohol and/or substance  This information is to be released to:  You may receive your records for a flat in Printed copy	tance use disorder.  Name:  Address:  Phone:  rate of \$6.50 by choosing one of the	
Treatment for alcohol and/or substance.  This information is to be released to:  You may receive your records for a flat in	tance use disorder.  Name:  Address:  Phone:  rate of \$6.50 by choosing one of the	following options:
Treatment for alcohol and/or substance.  This information is to be released to:  You may receive your records for a flat in Printed copy   CD	tance use disorder.  Name:  Address:  Phone:  rate of \$6.50 by choosing one of the	
Treatment for alcohol and/or substance.  This information is to be released to:  You may receive your records for a flat in the printed copy	Address:  Phone: rate of \$6.50 by choosing one of the final content of t	following options:
Treatment for alcohol and/or substance.  This information is to be released to:  You may receive your records for a flat in the printed copy	Address:  Phone:  rate of \$6.50 by choosing one of the opening of	following options:  se print clearly)  email method. Regular email is not a secure
Treatment for alcohol and/or substance.  This information is to be released to:  You may receive your records for a flat receive copy CD  Electronic download / E-Mail to  If you elect to receive your records by emethod of transmission of your health in Signed:	Address:  Phone:  rate of \$6.50 by choosing one of the opening of the openin	following options: se print clearly)
Treatment for alcohol and/or substance.  This information is to be released to:  You may receive your records for a flat in the printed copy	Address:  Phone:  rate of \$6.50 by choosing one of the opening of	following options: se print clearly) email method. Regular email is not a secure

Any disclosure of substance use disorder patient records is governed by Federal law (see 42 CFR Part 2), and all disclosures of such records shall be accompanied by the following written statement:

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any substance use disorder patient.

Stony Brook University Hospital encompasses Stony Brook University Hospital, 101 Nicolls Road, Stony Brook, New York, 11794; Stony Brook Southampton Hospital, 240 Meeting House Lane, Southampton, NY 11968; and Stony Brook Eastern Long Island Hospital, 201 Manor Place, Greenport, NY 11944.