

EVERGREEN Family Medicine, PC  
4079 Lake Road  
Brockport, NY 14420-1517  
585-637-0151 // 585-637-0562 - Fax

## **Record Release**

I authorize Dr. David Newman / *Evergreen Family Medicine* to

Send my medical records to the following place:

**[ ] Unity Family Medicine at Brockport**

[ ] Other - **Provider's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Fax \_\_\_\_\_ Fax

Please send:

- [ ] All records.
  - [ ] Do not send mental health records, if any
  - [ ] Do not send HIV-related information, if any
  - [ ] Do not send drug / substance abuse records, if any

[ ] Specific Information: \_\_\_\_\_  
\_\_\_\_\_

*This release will be valid for one year from the date signed unless noted.*

THIS RELEASE APPLIES TO:

**(Patients 18 years or older must sign their own release)**

**Print Name** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Relationship to signer**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or guardian if minor)

Witness \_\_\_\_\_ Date: \_\_\_\_\_