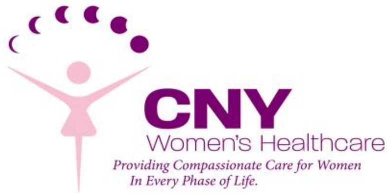

5000 Brittonfield Parkway * Suite A-128
East Syracuse, New York 13057
Phone (315)446-4400 * Fax (315)446-4201

Release of Information to Relative/Friend

The following named person(s) may have access to **ALL** information from CNY Women's Healthcare regarding my care including (please circle all that apply below):

medical, billing, appointment information, emergency basis.

I understand that I may add or remove names from this list at any time.

****I do not wish to give any one access at this time (please initial)** _____** **please sign below also****

Name: ______________________________ Relationship to me: ____________

DOB: ________________ Phone#: ____________________

Name: ______________________________ Relationship to me: ____________

DOB: ________________ Phone#: ____________________

Name: ______________________________ Relationship to me: ____________

DOB: ________________ Phone#: ____________________

______________________________ ________________

Patient Name (print name) Date

____

Patient Signature

______________________________ ________________

Witness signature Date

****Please Update your email address ****______________________________________

If signed up for Patient Portal, appointment reminders will go to the email you have listed.