CNY Women's Healthcare
Providing Compassionate Care for Women In Every Phase of Life.

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 **selected information** below from CNY Women's Healthcare regarding my care including **(please checkmark all that apply):**

☐ **MEDICAL** ☐ **BILLING** ☐ **APPOINTMENT INFORMATION** ☐ **EMERGENCY**

****I do not wish to give anyone 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#: _____

****This form will remain valid until you the patient request to revoke it in writing at any time.****

_____ _____
Patient Name (print name) **Patient Date of Birth**

_____ _____
Patient Signature Date

_____ _____
Witness signature Date

****Please Update your email address **_____**

****Appointment reminders will go to the email you have listed ****

4/10/24