John M. Pramenko, MD, P.C.

Your Personal Care Family Doctor

2310 Nott Street East
Niskayuna, NY 12309
518-381-4133
Fax: 888-641-2073

Authorization for the Release of Medical Records

Patient Identification:

Name_____ DOB_____

Address_____

Released from:

Name of provider/organization_____

Address_____

Fax_____

I authorize the above provider/organization to release protected health information to John M. Pramenko, MD. This may include information pertaining to mental health, alcohol or drug use, and HIV status. This authorization will expire in one year and may be rescinded at any time.

Specific information to be disclosed:

- **Problem List or Patient Summary Page**
- **Record of Immunizations**
- **Office notes from the past two years**
- **Diagnostic studies (lab, radiology, etc.) from the past two years**
- **Medication list**
- **Health Maintenance page or records of health maintenance testing**
- **Any available disease management flow sheets**
- **Other:**

  _____

_____ _____

(Signature of patient or authorized representative) (Date)