

Community Care Pediatrics
6 Mountain Ledge Drive
Gansevoort, NY 12831
518-584-0355

**Request For The
Release Of Patient Information
(for patients 18 years of age and older)**

Date: _____

I, _____, Date of Birth _____

Request that Community Care Pediatrics release the following information regarding myself:

_____ Immunization History

_____ Physical Exam Form

_____ Medical advice to be given by our nurses or doctors

I hereby request this information be released to the following:

_____ Family Member/ (name) _____
Caregiver

(name) _____

_____ High School (name) _____

_____ College (name) _____

This release will remain in effect until patient transfers out of the practice.

Signature of Patient: _____

Date: _____