

**FREQUENTLY ASKED QUESTIONS – RELEASE OF INFORMATION  
HOW TO DO I COMPLETE THE FORM?**

Question	Response
How do I complete the form?	Preferred method is via the portal. Paper form can be downloaded from the NYP website.
What information do I need to complete on the form?	
Patient Name	Please provide the patient’s full name
Maiden Name or Other Name the patient may have received care under	Please provide the patient’s maiden name or another name the patient may have received care at NYP under. This helps in identifying the patient.
Patient’s Date of Birth	Please provide month, day, and full year (mm/dd/yyyy)
Patient Address	Please provide the number, street, city, state, and zip code
Telephone Number	Please provide the full number with area code, and number
E-mail address	Please provide your e-mail address
Medical Record Number	If known
Location where copies should be sent	<p>Patients requesting for themselves, the patient can check the box for “same as above”.</p> <p>Copies of medical records requested by patients to be sent to another address for themselves, insurance companies, attorneys, physicians, etc must include the full name, and full address as noted above. <b>Note:</b> this includes patients requesting records for themselves being sent to another address than provided above.</p>
Be sure to check the location where care was received for the information being requested	Please check the NYP facility where the care was received for the dates and information requested.
Information to be released	Specify the information to be released including: Specific To and From Dates (admission and discharge dates, not range of years)
Indicate type of service	Inpatient, Ambulatory Surgery, Emergency Department, Ambulatory/Clinic, Physician Office
Indicate information to be released	Labs, Radiology, Pathology, Operative or Procedure Report (specify type of procedure), discharge summary, other reports

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Initial where specific information to be released may be considered sensitive information.	This applies to cases where medical records may contain information related to Alcohol/Drug Treatment; Mental Health Treatment; HIV/AIDS related Information; Genetic Testing Information <b>Note:</b> If not checked and sensitive information is found, the release of the medical records may be delayed
Check preferred form of delivery	CD/DVD, Electronically to Portal Paper (CD preferred over paper due to volume of paper) Flash drive (only on flash drives provided by NYP) E-mail (not preferred as this is not a secure method)
Complete the section stating the purpose the records are being requested for	Please provide the reason or purpose the information is being requested for.
Sign and date the form at the bottom	