

Adult Medicine & Pain Management

1 Pinnacle Place, Ste. 203, Albany, NY 12203
Phone: 518-438-4700, Fax: 518-438-3190

Authorization for Disclosure of Confidential Medical Information

Fill out if you want us to obtain your previous medical records

Patient Name: _____

Date of Birth: _____ Phone Number: _____

Address: _____

Patient Signature & Date: _____

Information To Be Disclosed:

I authorize:

Provider Name:

Address:

Phone :

Fax:

-To disclose confidential medical information from my medical records including:
Psychological/Psychiatric treatment, Drug/Alcohol history, AIDS/HIV results, Immunizations,
Diagnoses and Treatment results.

Please Release Records To:

Suzanna Boka, MD
Adult Medicine, PC

Ike Boka, MD
Pain Management Services

1 Pinnacle Place, Suite 203
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This authorization expires one year from date signed