

# Columbia Presbyterian Radiologist

16 East 60<sup>th</sup> Street  
New York, NY 10022  
(212) 326-8518  
Fax (212) 326-5555

## RECORDS RELEASE

Date \_\_\_\_\_

1. I hereby authorize Columbia Presbyterian Eastside Radiology to release the following information from the health records of

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address

2. Information to be released:

\_\_\_\_\_  
\_\_\_\_\_

3. Information to be released to:

\_\_\_\_\_

4. Purpose of disclosure:

\_\_\_\_\_  
\_\_\_\_\_

5. The facility, its employees and officers and staff physicians are released from legal responsibility or liability for the release of the above information to the extent indicated in the authorized herein.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Patient or Legal Guardian

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Witness Signature/Witness Print Name