SDMG
Slocum-Dickson Medical Group

1729 Burrstone Road • New Hartford, NY 13413
Phone: 315.798.1500 • Fax: 315.798.1710
SDMG.COM

Patient Request for Health Information

Patient Information (Please Print):

First Name:	***Middle Initial:***	***Last Name:***
Date of Birth:	***Preferred Phone Number to Contact:***	***E-mail (optional):***
Street Address:		
City:	***State:***	***Zip:***

What records do you want? (Check appropriate boxes below):

Date(s) of Service: ____/____/____ through ____/_____/_____

☐ Office Notes

☐ Test Results (X-rays, Lab/Pathology Results) Specify:_____

☐ Other (Immunization Records, Medication List, Etc.) Specify:_____

How would you like your records delivered?

☐ Paper: Receive via: ☐ Mail ☐ In-Person Pick-Up

☐ Electronic: (Email, USB, CD, Portal) Please specify:_____

Where do you want the information sent? (Fill in boxes below):

Slocum-Dickson Medical Group, P.L.L.C. should provide my records to: ☐ Self ☐ Personal Representative

Recipient Name:	Recipient Phone: Recipient Fax:
Recipient Mailing Address:	Recipient Email (if applicable):

Please print your name and sign below:

Name of Patient or Personal Representative: (print)	Relationship to Patient:
Signature of Patient or Personal Representative:	Date:

Please note, personal representatives must provide legal proof of representation.

Please return completed form to:

Slocum-Dickson Medical Group, P.L.L.C.
Attention: Release of Information Department
1729 Burrstone Road
New Hartford, New York 13413
Fax: (315) 798-1425

Slocum-Dickson Medical Group recognizes a patient's rights under HIPAA to access copies of his/her health information. There may be charges associated with processing a request and producing requested records.