

EMIL W. CHYNN, MD, FACS, MBA – Park Avenue LASEK
102 E. 25th St. (& Park Avenue South), New York, NY 10010
info@ParkAvenueLASEK.com (212) 741-8628

Record Release – FROM Us (to another party):

Patient Authorization for Disclosure of Protected Information: "I authorize all relevant medical records, including all tests/lab results to be sent to the party indicated above. This Release is good for a period of 1 year from the date signed. I understand that the information disclosed may include a history of AIDS; STDs; HIV; psychiatric care; treatment for alcohol or drug abuse, or similar conditions, including possibly information I may not wish released. Park Avenue LASEK (PAL) follows standard HIPAA privacy practice protocols, a copy of which is available from many websites including AMA.org. I understand that PALV assumes no responsibility for the use/misuse by others of my health information disclosed under this authorization. I release PAL, its agents and employees from all legal liability that may arise from this authorization. I do not have to sign this authorization in order to receive treatment from PAL. When my information is disclosed pursuant to this authorization, it may be subject to re-disclosure by the recipient & may no longer be protected by HIPAA. I have the right to revoke this authorization in writing except to the extent that PAL has acted in reliance upon it"

Patient Name: _____ **Date of Birth:** ____ / ____ / ____

Where you want the records sent -- by Email or SMS as a PDF:
We do NOT send paper records by mail anymore because this is NOT 1983 😊

Email: _____ **or Cellphone:** _____

Reason (if blank you won't get your record): _____
If this is for Cataract Surgery all you need is your PreOperative K's, which is ONE PAGE!!!!!!

By law, medical offices have 14 days or 10 work days, whichever is longer, to release records, from time of PAYMENT, NOT time of request. So, to EXPEDITE your record release, you should pay NOW, NOT LATER. By law, offices are allowed to SHRED records after 7 years or they run out of space, which we do. So, if your surgery was more than 7 years ago, your records will likely have been shredded.

1. _____	____ / ____ / ____	RECORDS WILL NEVER BE RELEASED UNTIL DR CHYNN APPROVES THIS!
SIGNATURE - PATIENT	DATE of REQUEST	
2. _____	____ / ____ / ____	
SIGNATURE - Dr. Chynn	DATE of APPROVAL	

PAYMENT: We are allowed by law to charge \$1/page; your records will NOT be released until payment (by cc, Zelle or Venmo). As a COURTESY you can post a 5-star review, or email 1 friend & cc us to refer them & we'll waive your fee 😊

pages: ____ x \$1 = \$ _____ **by (circle):** CC / Zelle / Venmo / 5*review / EmailReferral

3. _____ **PRINTED NAME - FRONT DESK** ____ / ____ / ____ **DATE \$ Collected (or review/referral checked)**