



Infants, Children & Adolescents

*Diplomates of the
American Board of Pediatrics*

www.childrensmedgroup.com

LOCATIONS:

104 Fulton Ave.
Poughkeepsie, NY 12603
(845) 452-1700
FAX (845) 452-1752

FISHKILL

HOPEWELL JUNCTION

HYDE PARK

MODENA

NEWBURGH

RHINEBECK

- Aaron M. Blum, M.D.
- Lawrence Schaffer, M.D.
- Carl D. Sorgen, M.D.
- Herschel R. Lessin, M.D.
- David L. Fenner, M.D.
- Nancy A. Crocker, M.D.
- Fe Aplasca, M.D.
- Dominique Aristide, M.D.
- Daniel Z. Aronzon, M.D.
- Sharon Mae S. Britos-Neves, M.D.
- Diane M. Cicalello, M.D.
- Sejal Dalwadi, M.D.
- Karen Desio, M.D.
- Adrian Gruszko, M.D.
- Marc Habert, M.D.
- Lynne M. Liptay, M.D.
- John Sieverding, M.D.
- Michelle Patrick, PNP

Joseph F. Heavey
CEO

**HIPAA AUTHORIZATION FORM TO
RECEIVE INFORMATION FROM
A PREVIOUS PROVIDER**

DATE: _____

CHILD'S NAME

DATE OF BIRTH

I authorize **THE CHILDREN'S MEDICAL GROUP** to RECEIVE protected health information from:

Doctor: _____

Address: _____

City: _____

State / Zip code: _____

Area Code & Phone Number: () _____

Reasons for receiving information:

- transferring from another doctor
- returning to The Children's Medical Group
- other (please explain) _____

Specific dates of service we are to receive: _____

This authorization shall be in force and effect for 1 year from the above date at which time it will expire. I understand that I have the right to revoke this authorization in writing, except when records have been disclosed in reliance with this authorization.

This form authorizes the release of protected health information that may include treatment pertaining to psychiatric conditions, alcohol or substance abuse, acquired immunodeficiency syndrome (AIDS) or test for infection with HIV.

Signature of Parent or Guardian or patient over 18

Daytime Phone

Staff Initials
& Staff Location

POK FSK MOD HP HJ RBK NBG

03/22/07MP