

NewYork-Presbyterian
The University Hospital of Columbia and Cornell

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AUTHORIZATION FOR THE RELEASE OF MEDICAL INFORMATION AND ACKNOWLEDGEMENT OF RESPONSIBILITY

No physician or institution may give confidential information without the consent of the patient. If the patient is a minor, the consent form must be signed by the parent or legal guardian and should be witnessed.

This process takes approximately **5-7 business days**. The administrative fee for this service is **\$25.00** and *the materials will be released upon completion of processing and receipt of payment*. Payment may be made **in person** at the NYPH cashier (located by the Main Hospital entrance of 68th Street) by credit card, check, or cash; alternatively **by mail** - check or money order only, to the address above. **It is preferable to have the slides and reports sent directly to the physician that will be performing the consultation.** However, the patient and/or their representative may pick up the material directly. **Proper photo ID, proof of payment and this completed form must be provided when picking up slides.** If any changes are requested once the paperwork has been submitted, please contact the office with a written documentation of the changes.

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Address: _____ City, State, Zip: _____
DOB: _____ PH () _____
Date(s) Procedure was performed: _____

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OR
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