UNIVERSITY of ROCHESTER MEDICAL CENTER

MEDICINE of THE HIGHEST ORDER

Strong Occupational and Environmental Medicine (OEM)
Calkins Corporate Park • 400 Red Creek Drive, Suite 220 • Rochester, NY 14623
Strong Memorial Hospital • 601 Elmwood Avenue, Box 654 • Rochester, NY 14642
Strong West • 156 West Avenue • Brockport, NY 14420
Tel: (585) 487-1000 • Fax: (585) 487-1190

RELEASE OF INFORMATION

At my request permission is hereby given to Occupational and Environmental Medicine to:

☒ release the following information to **MYSELF - FAX #** _____

(If you do not have a fax machine you will have to come to one of our locations listed above to pick up your immunizations iperson.)

- ☐ all medical records on file
- ☐ medical records related to claim or current examination
- ☐ diagnostic reports related to claim or current examination
- ☐ all diagnostic reports on file
- ☐ progress reports
- ☒ immunization records
- ☒ annual health update
- ☐ other _____

Regarding the following individual:

Name: _____

Date of birth (mm/dd/yr): _____

Daytime Phone Number: _____

I understand this consent will remain in effect until as designated below I withdraw my consent and that I may withdraw my consent in writing at any time except where a disclosure has already been made in reliance on my prior authorization. I also understand that privacy rules do not protect against redisclosure of this information. If access is denied pursuant to New York State Public Health Law, I will be so notified and provided information on the appeal process. Any pre-paid fee will be refunded.

I understand this consent will remain in effect:

- ☐ For the duration of this claim under workers' compensation or disability
- ☒ For the duration of my employment at the University of Rochester
- ☐ For a duration not to exceed 5 years from the date of signature.

Patient / client signature: _____ Date: _____

If a minor or otherwise not capable of informed consent:

I _____ being the Parent ___ Legal Guardian ___ Other ___ of the above named individual, have reviewed the above information and agree to the release of information as delineated above.

COPY OFFERED:

Signature: _____ Date: _____ ☐ Accepted ☐ Denied