

Mary Louise Lenahan, MD  
6507 Transit Road, East Amherst, NY 14051  
Phone: (716)689-4377 Fax: (716)689-4843

**AUTHORIZATION FOR RELEASE HEALTHCARE INFORMATION**

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(Circle One) I am the PATIENT or PERSON RESPONSIBLE for the individual named above & authorize release protected health information from Dr. Mary Louise Lenahan, M.D. at 6507 Transit Road, East Amherst, NY 14051 by mail or by facsimile transmittal.

I am requesting this information to be obtained to: \_\_\_\_\_

(NAME OF PERSON FROM WHOM INFORMATION IS REQUESTED)

Specific information to be released or obtained: \_\_\_\_\_

All medical records to include biopsies, laboratory results and any other medical information necessary for treatment.

This authorization expires when services are discontinued or at the date I hear by state: \_\_\_\_\_

(Expiration Date If Desired)

This information is necessary for the purpose of ongoing medical care and further treatment.

I understand that I have the right to revoke and/or restrict this authorization at any time provided that I submit a request in writing to the agency Privacy Office. Any revocation shall not apply to the extent that Dr. Mary Louise Lenahan, M.D. has already taken action in reliance of this authorization.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Patient \_\_\_\_\_

Witness \_\_\_\_\_ Dates \_\_\_\_\_

