

# CONNECTICUT ASTHMA & ALLERGY CENTER LLC

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I/We authorize and request that \_\_\_\_\_ release copies of:  
(Name of Doctor/Business to release)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Office visit reports | <input type="checkbox"/> X-rays/CT scans      | <input type="checkbox"/> Methacholine Challenges |
| <input type="checkbox"/> Office visit notes   | <input type="checkbox"/> Laboratory results   | <input type="checkbox"/> Exercise Challenges     |
| <input type="checkbox"/> Allergy skin tests   | <input type="checkbox"/> Prescription records | <input type="checkbox"/> Food Challenges         |
| <input type="checkbox"/> Allergy shot records | <input type="checkbox"/> EKGs                 | <input type="checkbox"/> Other: _____            |
| <input type="checkbox"/> Pulmonary functions  | <input type="checkbox"/> Tympanograms         | <input type="checkbox"/> All the above           |

and I understand the information released may include Psychiatric/Drug/Alcohol/HIV/AIDS information from the medical record of:

\_\_\_\_\_  
(Patient's First and Last Name)

Please forward to: Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Patient Address: \_\_\_\_\_

Patient Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Patient Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If patient is a minor child, please complete both parents' signatures  
(or guardian signature) below.

\_\_\_\_\_ (Mother) Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ (Father ) Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ (Legal guardian) Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(Proof of guardianship must be submitted with request.)

The confidentiality of this record is protected by the Federal Confidentiality Regulations 42 CFR 9 part 2 and chapter 899c of the Connecticut General Statutes. This information shall not be transmitted to anyone else without written consent or other Authorization as provided in the statutes. I may revoke this authorization at any time, except to the extent that action has been taken in reliance upon it.

Website: [www.ctallergy.net](http://www.ctallergy.net)

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