

**East End Pediatrics, PC**  
**200 Pantigo Place, Suite E**  
**East Hampton, NY 11937 -5921**  
**Phone: 631-324-8030 Fax: 631-324-8032**

**AUTHORIZATION FOR TRANSFER OF RECORDS**

To: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

I hereby authorize \_\_\_\_\_  
to transfer all medical information pertaining to:

\_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Print Name of Child

To: East End Pediatrics, PC  
Address: 200 Pantigo Place Ste E  
East Hampton, NY 11937 -5921

These records may include HIV test results.

\_\_\_\_\_  
Print Name of Parent or Legal Guardian

\_\_\_\_\_  
Signature of Parent or Legal Guardian

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

Date of Request: \_\_\_\_\_

**CONFIDENTIAL COMMUNICATION**

THIS INFORMATION HAS BEEN DISCLOSED TO YOU FROM CONFIDENTIAL RECORDS WHICH ARE PROTECTED BY STATE LAW. STATE LAW PROHIBITS YOU FROM MAKING FURTHER DISCLOSURES OF THIS INFORMATION WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED BY LAW. ANY UNAUTHORIZED FURTHER DISCLOSURE IN VIOLATION OF STATE LAW MAY RESULT IN A FINE OR JAIL SENTENCE OR BOTH. A GENERAL AUTHORIZATION FOR THE RELEASE OF MEDICAL OR OTHER INFORMATION IS NOT SUFFICIENT AUTHORIZATION FOR FURTHER DISCLOSURE. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY THE SENDER IMMEDIATELY BY TELEPHONE AND RETURN THE ORIGINAL COMMUNICATION TO US AT THE ABOVE ADDRESS BY THE U.S. POSTAL SERVICE. THANK YOU.