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PSYCHIATRY

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PUBLIC POLICY

Records requests and authorization

Specific records, named recipients, and free copies

Records copies are free, including copies for you, another treating provider, or a third party at your direction. Contact the practice through the secure portal or at 646-549-4694. Do not send sensitive records through a public website form.

What to identify

Tell us whose records are requested, which provider holds them, the intended recipient, the specific record categories and date range, and the purpose. We will verify identity and the appropriate permission before release. Our usual target is five business days, with urgent treatment requests prioritized and applicable legal deadlines observed. Records will not be withheld because of an unpaid balance.

Limits of this authorization

This general authorization excludes separately maintained psychotherapy notes, HIV-related information requiring a specific authorization, and substance use disorder records protected by 42 CFR Part 2. If those records are needed, contact the practice for the appropriate separate authorization. Other New York privacy protections continue to apply.

Expiration, revocation, and your rights

An authorization must identify an expiration date or event. You may revoke it in writing by notifying the provider authorized to disclose the information. Revocation does not undo a disclosure already made in reliance on it. You may receive a copy of the signed authorization. Signing is voluntary; treatment, payment, enrollment, or eligibility for benefits is not conditioned on signing except where a specific law permits a condition. Information disclosed may be redisclosed by a recipient and may no longer be protected by HIPAA; other laws may continue to protect it.