Wayside Health Associates

Jay B. Krasner, MD, FACP
Internal Medicine and General Practice
111 Boston Post Road Suite 107
Sudbury, MA 01776
Phone: (978) 443-8010
Fax: (978) 443-4634
www.waysidehealth.com

Request to Transfer Medical Records to Another Treating Provider

Date: _____

To: Wayside Health Associates
111 Boston Post Road
Suite 107
Sudbury, MA 01776

Recipient: _____

_____

_____

_____

Patient's Full Name: _____ Date of Birth: _____

I hereby designate the above recipient as a treating health care provider and hereby authorize said provider to use and disclose my Protected Health Information. Please forward **all** of my Protected Health Information which you have created, received, or maintain, and that of any other health care providers, facilities or entities you may have in your possession, or a complete copy thereof, at your earliest possible convenience, to the address listed above. I understand that a fee may be charged for said materials pursuant to Massachusetts regulations MGL 111§70, 112§12CC and 243 CMR 207(13) and will be due prior to release of said material. I have been or plan to be provided with the Notice of Privacy Practices from this provider and have or will sign a written acknowledgement to that effect.

_____ Signature of Patient or Authorized Representative