



# Plattsburch Primary Care Pediatrics

Primary Care Health Partners - New York, LLP

159 Margaret Street, Suite 103

Plattsburch, NY 12901

P: 518-562-0151

F: 518-562-2718

PCP:  
Name:  
DOB:  
Patient #:  
Method of Payment:

### Patient Information

## Authorization for Release/Request of Information

Method of Disclosure:  Pick-up  Fax  Mail  Obtain records from

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

- Full Chart (\$10 fee; Disc)
- Physical form (\$5 fee)
- Attorney request
- Minimum Information
- Immunization Record (\$5 fee)
- Other: \_\_\_\_\_

Covering the period from \_\_\_\_\_ to \_\_\_\_\_  
Date Date

For the following reason (check all that apply):

- Transferred
- Discharged
- Aged out
- Leaving the area
- Dissatisfaction with office or care
- Other: \_\_\_\_\_

**Please complete the short survey on the back of this form. Thank you.**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(of patient, parent or legal guardian, if patient is a minor)

**Authorization is valid for one year, unless revoked by the patient.**

Please return this form to Medical Records

Staff: Request completed -Initials & Date



**1. Who was your Primary Care Provider?**

- David Beguin
- Anthony Ching
- Melissa Meyer

**2. Please select the response that best describes your reason for leaving Plattsburgh Primary Care Pediatrics.**

- Moving out of the Area
- Wait Time
- Dissatisfied with services (Specify: \_\_\_\_\_)
- Appointment Availablility
- Other \_\_\_\_\_

**3. How long have you been a patient at Plattsburgh Primary Care Pediatrics?**

- < 1 year
- 1-3 years
- 3-5 years
- More than 5 years

**4. Please provide any additional feedback.**

---

---

---

---

---