

**Christine Cooley Family Health, NP PLLC**

**500 Federal Street**

**Suite 650**

**Troy, NY 12180**

**Telephone: 518-441-8720**

**Fax: 949-862-2885**

## **Record Release**

**The patient listed below authorizes the release of all medical records and information from:**

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**The patient authorizes medical records be sent/faxed to:**

**Christine Cooley Family Health, NP PLLC**

**500 Federal Street Suite 650**

**Troy, NY 12180**

**Fax: 949-862-2885**

**Phone: 518-441-8720**

**There is no expiration date unless revoked in writing by the patient.**

**Signature of Patient/Authorized Representative or**

**Electronic signature:**

**Print Name/Signature:** \_\_\_\_\_/\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Date:** \_\_\_\_\_