

CBS MIDWIFERY

nyccnms@gmail.com
917-686-5309

REQUEST FOR MEDICAL RECORDS

Please email this form to nyccnms@gmail.com

Name: _____

Date of birth: _____

Address: _____

Phone number: _____

I am requesting that my medical records from CBS Midwifery be mailed to:

Please include records for (circle one): The last 5 years or All records

Original signature of patient: _____

If you had a baby with CBS, what year was the (last) child born? _____

We must have your signature on this form to be HIPAA compliant, and we cannot email your files. Please consider whether you want your entire records, as your new provider is unlikely to be interested in test results from more than 5 years ago, in most circumstances. Your original chart will be securely stored for 21 years after the birth of your last baby with CBS, or for 7 years for gyn patients. For any questions, please call Barbara at the above number. Thank you.