

# CBS MIDWIFERY

nycnms@gmail.com  
917-686-5309

## **REQUEST FOR MEDICAL RECORDS**

Please email this form to nycnms@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. Note that if you will be transitioning your care to Dr. Ottenheimer and her team here at 80 Maiden Lane, Suite 901, you must still sign a record release form so that I can give her your information. 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 (please DO NOT call the front desk staff). Thank you.