



**THE HEBREW HOME FOR THE AGED AT RIVERDALE**

5901 Palisade Avenue, Riverdale, New York 10471

ACCESS Admissions Department

Phone: (718) 581-1242 Fax: (718) 549-0721

**RELEASE OF MEDICAL INFORMATION**

DATE: \_\_\_\_\_

RE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ DATE(s) OF HOSPITALIZATION \_\_\_\_\_

Attn: **HOSPITAL MEDICAL RECORDS DEPARTMENT**

The above named, who has applied for admission to The Hebrew Home for the Aged at Riverdale, informs us that he/she was hospitalized at your facility. To assist us in evaluating the applicant, we request a transcript of his/her medical record, including laboratory and x-ray reports, and any other pertinent information

Permission is hereby give to \_\_\_\_\_  
Name and Address of Hospital

to release all medical information from my records to:

The Hebrew Home for the Aged at Riverdale  
5901 Palisade Avenue, Riverdale, New York 10471  
Attn: ACCESS Admissions Department

Signature: \_\_\_\_\_ Print: \_\_\_\_\_  
Resident or Family Member Resident or Family Member

Witness: \_\_\_\_\_