☐ **New England Food Allergy Treatment Center / West Hartford**
**836 Farmington Ave., Ste. 138, West Hartford, CT 06119**
***or***
☐ **New England Food Allergy Treatment Center / Boston**
**700 Congress St., Ste. 305, Quincy, MA 02169**

*(please check the box for the office that you are requesting records from)*

I/We authorize and request that: ☐ **New England Food Allergy Treatment Center / West Hartford**

☐ **New England Food Allergy Treatment Center / Boston**

release copies of:

☐ Office visit notes ☐ Laboratory results ☐ Allergy skin tests

☐ Prescription records ☐ Food challenges

☐ Other: ______________________________________________________ ☐ All of the above

Please forward to: Name: ______________________________________________________________________________

Address: ____________________________________________________________________________

____________________________________________________________________________

Phone No.: _____________________________ Fax No.: ___________________________________

Patient Name: _____________________________________________________ Date of Birth: ______________________

Patient Address: _______________________________________________________________________________

_______________________________________________________________________________

Patient Phone No.: ___________________________________

Patient Signature: _________________________________________________ Date: _______________________________
(If patient is a minor child, please complete parent(s) or guardian signature below.)

_________________________________________________ (Mother) Date: _______________________________

_________________________________________________ (Father) Date: _______________________________

_________________________________________________ (Legal Guardian) Date: _______________________________
(Proof of guardianship must be submitted with this request.)

The confidentiality of this record is protected by the Federal Confidentiality Regulations 42 CFR 9 part 2 and chapter 899c of the Connecticut General Statutes. This information shall not be transmitted to anyone else without written consent or other Authorization as provided in the statutes. I may revoke this authorization at any time, except to the extent that action has been taken in reliance upon it.

*Rev. 7.30.19*