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RECORDS RELEASE FORM

Please fax your completed form to (202) 659-6481 or email to records.cvvd@gmail.com.

PATIENT NAME: _____

DATE OF BIRTH: ___ / ___ / _____

RECORDS TO RELEASE:

- FULL MEDICAL RECORD (includes doctor's notes & labs)
- MOST RECENT VISIT (includes note & lab) DATE: ___ / ___ / _____
- ONLY LABS (includes all prior labs)
- ONLY NOTES (includes all prior notes)
- OTHER: _____

SEND REQUEST BY:

- FAX: (___) ___ - _____ Attn: _____
- EMAIL: _____

PATIENT SIGNATURE AUTHORIZING RELEASE:

DATE: _____

ADDITIONAL COMMENTS:

NOTE: DUE TO HIPAA COMPLIANCE AND RECOMPLIANCE LAWS, ONLY CLINICAL PAPERWORK GENERATED AT THE CENTERS FOR VULVOVAGINAL DISORDERS WILL BE RELEASED. RECORDS RELEASES ARE GENERALLY PROCESSED WITHIN THREE WEEKS MAXIMUM PENDING NOTES AND LABS REVIEW BY DR. GOLDSTEIN. YOU MAY EXPERIENCE DELAYS IF HE IS NOT IN THE COUNTRY OR TRAVELLING BETWEEN OFFICES. PATIENT SIGNATURE IS REQUIRED FOR AUTHORIZATION. TO GENERATE A BLANKET RELEASE OR DESIGNATE AUTHORITY FOR RECORDS RELEASE REQUESTS BY ANOTHER INDIVIDUAL, PLEASE CONTACT US BEFOREHAND. FOR ANY OTHER COMMENTS, QUESTIONS, OR CONCERNS PLEASE CONTACT US BY PHONE (202) 887-0568 XTN 102 OR BY EMAIL AT RECORDS.CVVD@GMAIL.COM.