## HARTFORD NEUROLOGY, LLC

LAWRENCE S. BLUTH, M.D.
ISAAC E. SILVERMAN, M.D.
PHYLLIS G. GRABLE-ESPOSITO, M.D.
ARIKE D. PRICE, M.D.
STEVEN P. BONDI, M.D., M.P.A.

85 SEYMOUR STREET SUITE 800
HARTFORD, CT 06106
TELEPHONE (860) 522-4429
FAX (860) 249-6742

6 NORTHWESTERN DRIVE, SUITE 303
BLOOMFIELD CT 06002

100 HAZARD AVENUE, SUITE 205
ENFIELD, CT 06082

622 HEBRON AVENUE, SUITE 102
GLASTONBURY, CT 06033

1 LIBERTY SQUARE, 1ST FLOOR
NEW BRITAIN, CT 06052


# I HEREBY AUTHORIZE AND REQUEST THE RELEASE OF RECORDS

**FROM:**_____
**DOCTOR OR HOSPITAL**

_____
**ADDRESS**

THE COMPLETE MEDICAL RECORDS IN YOUR POSSESSION, CONCERNING MY ILLNESS AND/OR TREATMENT DURING THE PERIOD
FROM_____TO _____
I UNDERSTAND THAT THE INFORMATION TO BE RELEASED MAY INCLUDE INFORMATION REGARDING THE FOLLOWING CONDITIONS:
DRUG ABUSE, ALCOHOLISM/ALCOHOL ABUSE, TESTING FOR OR INFECTION WITH HUMAN IMMUNODEFICIENCY (HIV) VIRUS, SICKLE CELL ANEMIA

**TO:**
_____

_____

NAME_____DOB: _____DATE_____

ADDRESS_____

SIGNATURE_____
(IF RELATIVE, STATE RELATIONSHIP)

WITNESS_____