

**Maria J. Sunseri, M.D. FAASM  
PRACTICE OF SLEEP MEDICINE**

Diplomate, American Board of Sleep Medicine  
American Board of Psychiatry and Neurology (ABPN)  
ABPN, Subspecialty of Clinical Neurophysiology  
American Board of Clinical Neurophysiology  
ABMS, Subspecialty of Sleep Medicine

4815 Liberty Avenue  
Mellon Pavilion, Suite 120  
Pittsburgh, PA 15224

Main office: 412-781-2023  
Appts/billing: 412-315-5380  
Office Fax: 412-727-7842

[www.agoodnightsleep.net](http://www.agoodnightsleep.net)

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

I authorize \_\_\_\_\_ Maria J. Sunseri, MD, LLC \_\_\_\_\_ to release information for the purpose of continuation of care from the record of:

\_\_\_\_\_  
Patient Name DOB: \_\_\_\_\_

TO: \_\_\_\_\_  
Name of Facility/Person (Enter your full name if you want your records released to you): Phone: \_\_\_\_\_

Please note: We will send the last 3 office notes and all test results. If you would like additional records released, please list the specific record type and dates here: \_\_\_\_\_

METHOD OF DELIVERY: (please choose one)

\_\_\_\_\_ Mail to: \_\_\_\_\_  
Street Address/ Suite # City State Zip

\_\_\_\_\_ Fax to: \_\_\_\_\_  
Fax Number:

\_\_\_\_\_ Email to: \_\_\_\_\_

**\*PLEASE NOTE THE EMAIL IS NOT ENCRYPTED FOR PRIVACY AND IS NOT SECURE**

**I UNDERSTAND THAT IF I CHOOSE TO HAVE MY RECORDS EMAILED TO ME THE INFORMATION WILL NOT BE ENCRYPTED AND THEREFORE NOT SECURE. I UNDERSTAND THAT MY PROTECTED HEALTH INFORMATION AND PRIVATE MEDICAL RECORDS COULD BE AT RISK. I understand that this authorization is effective for a period of 90 days from the date of the signature, unless otherwise specified below. No time frame may exceed one year from the date of signature. I understand that I have the right to revoke this authorization at any time by sending a written request to facility/person I authorized above to release the information.**

\_\_\_\_\_  
Date of Signature Signature of Patient

\_\_\_\_\_  
Date of Signature Signature of Parent, Legal Guardian or Authorized Representative