

CVH-269  
Rev. 4/03

**STATE OF CONNECTICUT**  
**CONNECTICUT VALLEY HOSPITAL**  
**HEALTH INFORMATION MANAGEMENT**  
Telephone: (860) 262-6313 Fax: (860) 262-6345  
P.O. Box 351  
Middletown, Connecticut 06457

DATE:

TO:

RE: \_\_\_\_\_ Date of Birth

Dear \_\_\_\_\_,

- In response to your request, and with the authorization of the above named individual, we are sending you the information as requested.
- Other:

Sincerely,

\_\_\_\_\_ for  
Linda Gagnon, RHIT, Director Health Information Management

Method of verification of identify/determination of authority:

- Verification of Signature  
 Copy of Legal Appointment  
 Other: \_\_\_\_\_

NOTE: Confidentiality of psychiatric, drug and/or alcohol abuse and HIV records is required and no information from these specific records shall be transmitted to anyone else without written consent or authorization as provided under Connecticut General Statutes, Chapters 899c and 368x and Federal Regulations 42 CFR 2. These laws prohibit you from making any further disclosure without specific written consent of the person to whom it pertains. A general authorization for the release of information is NOT sufficient for this purpose.

**ORIGINAL - Requestor**

**COPY - Medical Record**