Cloutier Family Practice, LLC
Josee D. Cloutier, MD
10 Liberty Way Suite 10B
Niantic, CT 06357
860-691-8084

Southeastern CT Primary Care, LLC
Rosalinda Gaona, M.D.
10 Liberty Way Suite 10B
Niantic, CT 06357
860-691-8084

Request for Release of Information

To________________________________

________________________________ Tel: __________________________

________________________________ Fax: __________________________

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Patient ___________________________ DOB:________________________

Address___________________________

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I____, hereby authorize Southeastern CT Primary Care, LLC/Cloutier Family Practice, LLC to ______obtain or _____release (please check one) any medical information as specified below for the purpose of continuing care. I also specifically consent to_____ or refuse_____ the disclosure of information pertaining to psychiatric, alcohol and drug treatment, HIV or sexually transmitted disease treatment if any is contained in my records. I understand I may revoke this consent by written notice to the person or organization making this disclosure

____ All Records

____ Lab Reports

____ Imaging Reports

____Consultant Reports

Signature ______________________________________ Date________________