



Slocum-Dickson Medical Group P.C.

1729 Burrstone Road, New Hartford, NY 13413

PATIENT AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

I hereby authorize the use or disclosure of my individually identifiable health information as described below. I understand that if my health information is used or disclosed, the released information may no longer be protected by privacy regulations issued by the federal government.

Patient Name: _____ DOB: _____ Phone: _____

Address: _____

1. Person authorized to use or disclose the information:

2. Person authorized to receive the information:

3. Specific description of information (including dates):

4. What is the purpose of the use or disclosure?

5. Will Slocum-Dickson Medical Group receive financial or in-kind compensation in exchange for using or disclosing the health information described above: Yes _____ No _____

6. I understand that I need not sign this form in order to ensure health care treatment or payment.

7. I understand that Slocum-Dickson Medical Group will provide me with a copy of this authorization form, after I sign it, if requested. Per New York State Law, this facility has ten business days to process the request for copies, and shall charge \$.75 per page for copies. If a person is unable to afford such a payment, and shows proof of inability to pay, the fee will be waived.

8. Unless otherwise revoked, this authorization will expire on the following date, event, or condition:

9. I understand that I have a right to revoke this authorization at any time. I understand that in order to revoke this authorization, I must do so in writing, and present my written revocation to the Slocum-Dickson Medical Group Health Information Services Department, Attn: Correspondence Department. I understand that the revocation will not apply to information that has already been released in response to this authorization.

Signature of Patient or Patient's Representative

Date

Printed Name of Patient's Representative

Relationship to Patient:

Signature of Witness:

Date: