



AUTHORIZATION FOR USE AND DISCLOSURE OF HEALTH INFORMATION

PATIENT NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

TELEPHONE: _____

I hereby authorize _____ to disclose the following Protected Health Information (PHI) to _____.

PHYSICIAN PHONE: _____ FAX: _____

The following information is to be disclosed: (please check off those that apply)

- Physician notes _____ Dates _____
- Lab results _____ Dates _____
- X-Ray reports _____ Dates _____
- Operative reports _____ Dates _____
- COMPLETE RECORD** _____
- Other: _____

The PHI to be used or disclosed for the following purposes:

I understand that the information in my record may include information relating to sexually transmitted diseases (STD), Acquired Immunodeficiency Syndrome (AIDS), or infection of the Human Immunodeficiency Virus (HIV). It may also include information about behavioral or mental health services or treatment for alcohol or drug abuse.

PREMIER MEDICAL GROUP will not determine my treatment, payment, enrollment in a health plan or eligibility for benefits on whether I provide an authorization. I understand that I may inspect or obtain a copy of the information to be used or disclosed. I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by Federal or State laws.

Unless otherwise revoked, this authorization will expire on the following date, event or condition: (if I do not specify an expiration date, event or condition, this authorization will expire in one year from the date signed). DATE: _____

Signature of patient or patient representative

Date

Premier Medical Group of the Hudson Valley, P.C.

Poughkeepsie | Fishkill | Kingston | Rhinebeck | Newburgh | New Windsor | Montgomery

Urology Division: 845.437.5000 | *Rheumatology Division:* 845.454.9500 | *Dermatology Division:* 845.471.9410

G.I. Division: Poughkeepsie / Fishkill / Kingston - 845.471.9410 | New Windsor/ Newburgh - 845.562.0740

Podiatry Division: North Road-Poughkeepsie/Fishkill - 845.471.9410 | Fairmont Avenue -Poughkeepsie -845.454.0630

Pediatric Division: Poughkeepsie - 845.483.5852 | Fishkill - 845.896.4505 | Newburgh - 845.564.1000

Internal Medicine Division: Atrium at MidHudson Regional Hospital - 845.790.6100 | Fishkill - 845.838.8480 | New Windsor - 845.561.8500

Poughkeepsie - Dutchess Turnpike : Dr. Woo 845.454.8200 | North Road : Dr. Pavels - 845.454.4600 | Dr. Wogalter 845.454.4055 | Dr. Cho 845.451.7271