RIDGE MILLS PHYSICIAN SERVICES, PLLC

Cyrille Cucio, MD Antonino DiMarco, MD Ibrahim El-Abbassi, md
7901 Ridge Mills Road
Rome, NY 13440
315-337-2500

AUTHORIZATION FOR THE DISCLOSURE OF PROTECTED HEALTH INFORMATION

PATIENT NAME: _____ DOB: _____

ADDRESS: _____ PHONE # _____

I hearby authorize the use or disclosure of my individually identifiable information as described below:

Obtain the medical records from: _____

Send the medical records to: _____

Please release the following information:

Covering the period from: _____ to _____ Entire Medical Record

Specific Information and dates: _____ Office Notes Labs X-Rays

NOTE: There is a charge of 75 cents PER PAGE COPIED as allowed by law, if this record is not being sent to a physician or another facility for the continuity of care. The information being used of disclosed pursuant to this authorization may be subject to redisclosure and may no longer be protected by the privacy law.

PURPOSE FOR THIS REQUEST: Transferring records ___ Consult with other Physician ___

Other _____

This authorization will remain in effect for: One year ___ 90 days ___ Specified expiration date _____

The period necessary to complete all transactions on this account related to services provided to me for the event or date listed: _____

I understand that this authorization may be revoked in writing at any time, except to the extent that action has been taken in reliance on this authorization and if this authorization was obtained as a condition of obtaining insurance coverage and the law provides the insurer with the right to contest a claim under the policy or to contest the policy itself. A revoke from Ridge Mills Physician Services, PLLC can be signed or provide a statement in writing to the above address to revoke this authorization. Unless otherwise revoked, this authorization will expire on the date above, event or condition. Ridge Mills Physician Services, PLLC is released from all legal responsibilities, which may occur from the release of requested information.

I understand that Ridge Mills Physician Services, PLLC will not condition my treatment on whether I provide authorization for the requested use or disclosure, if to do so would be prohibited by federal or state law. If a reason exists under law for conditioning my treatment on obtaining this authorization, I have been advised of the fact and the consequences to me refusing to sign this authorization. (If authorization is being requested for marketing purposes, including the following if applicable: The use or disclosure requested under this authorization is expected to result in direct or indirect remuneration to Ridge Mills Physician Services, PLLC from a third party).

Patient's Signature **Date**

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Legal representative's signature **relationship to patient** **Date**