NY ROBOTIC GYNECOLOGY

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

I authorize New York Robotic Gynecology & Women's Health to disclose a copy of **lab results** described below regarding:

Patient Name:			
DOB		Social Security #	
Address			
Telephone			
EMAIL			

E-MAIL (for lab results disclosing):

I understand that:

· By signing this form, I am authorizing the use/disclosure of protected health information as indicated above.

· I am signing this form voluntarily. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.

· I may revoke this authorization at any time by completing a "Request to Revoke an Authorization" form, which is available at New York Robotic Gynecology & Women's Health. I understand that I may revoke this authorization except to the extent that action has been taken based on this authorization.

· If the receiving party is not subject to medical records privacy laws, the information may be re-disclosed by the recipient and may no longer be protected by federal/state law. New York Robotic Gynecology & Women's Health shall not be held liable for any consequences resulting from redisclosure.

· If the information to be released contains any information about HIV/AIDS, alcohol or substance abuse, mental health, or psychiatry notes, state or federal regulations may have additional compliance requirements.

· I may request a copy of this signed form.

· New York Robotic Gynecology & Women's Health may charge an administrative fee to cover the cost of labor, copying, or postage. The doctor's office will inform me of any charges and arrange for payment.

_____ _____

Patient/Representative Signature: Date:

If the patient listed above is a minor or is unable to sign and you are a parent, legal guardian, or personal representative signing on behalf of this patient, please sign above and complete the following:

_____ _____

Print name Relationship to patient

201E. 28th St. STE. 1B, New York, NY 10016. [Tel] 212-481-1118 / [Fax] 212-448-1049