

Milan Patel, MD
39 W 14th Street, Suite 506
New York, NY 10011
phone 917-830-7505 fax 212-673-2077

AUTHORIZATION FORM (HIPAA)

Name of Patient: _____

1. I authorize the healthcare practitioner , Milan Patel, M.D. and Milan Patel, M.D., P.C. and/or the administrative and clinical staff of the Practitioner to disclose my (or my child's or my ward's) protected health information, as specified below, to [name and address of person/entity to receive information]:

Name (and address/phone if possible), of receiving entity:

2. I am hereby authorizing the disclosure of the following protected health information:

Psychiatric/Medical Treatment

3. This protected health information is being used or disclosed for the following purposes:

Coordination of Care

4. This authorization shall be in force and effect until one (1) year after the date below at which time this authorization to disclose protected health information shall expire.

5. I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to the Practitioner at the address above. I understand that a revocation is not effective to the extent that the Practitioner has relied on my authorization or if my authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

6. I understand that information disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by HIPAA or any other federal or state law.

7. The Practitioner will not condition my treatment on whether I provide an authorization for disclosure except if health care services are provided to me solely for the purpose of creating protected health information for disclosure to a third party.

Signature of Patient, or Parent of Minor Patient,

Date

or Personal Representative of Patient

Print Name of Patient, Parent of Minor Patient

or Personal Representative of Patient (If a Personal
Representative, also state relationship to patient.)