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**REQUEST FOR AND AUTHORIZATION TO DISCLOSE PROTECTED
HEALTH INFORMATION PURSUANT TO HIPPA, 45 CFR 164.502**

Patient Name: _____ D.O.B. _____

Address: _____

Social Security Number: ____ - ____ - ____ Telephone: _____

I hereby authorize _____ to disclose my Protected Health Information (as applicable: Emergency Room Records, X-Rays, History & Physical Exam, Operative Reports & Pathology, Discharge Summary, Progress Notes, Labs & Tests, Nurses' Notes, Billing Info.) to:

Richard E. Rowlands, Esq.
Tully Rinckey PLLC
441 New Karner Road
Albany, New York 12205

The information disclosed to and used by the above is to be utilized for the following purpose(s):

This authorization is limited to the following dates of treatment or treatment for the following conditions(s): _____

I understand that the information disclosed includes my identity, diagnosis and treatment including ALCOHOL, DRUGS, GENETIC TESTING, BEHAVIORAL OR MENTAL HEALTH SERVICES, SEXUALLY TRANSMITTED & INFECTIOUS DISEASES, AIDS, HIV information, as applicable and all billing information related to treatments and services received.

I understand that there is a potential for information disclosed pursuant to this authorization to be subject to further disclosure by the recipient if not required by law to protect the privacy of the information.

This authorization shall expire on _____, 200____. I understand that I have the right to revoke this authorization at any time, but must do so in writing, sent to the provider of medical care that has been authorized to disclose my protected health information. I understand that revocation is not effective to the extent action was taken in reliance on this authorization and prior to receipt of any written revocation.

I acknowledge that I have signed this authorization voluntarily and that I have been provided with a copy of this authorization.

Dated: _____

Patient

STATE OF NEW YORK)
)SS.:
COUNTY OF)

On the ____ day of _____, in the year 200____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity, and that by his/her/their signature on the instrument, the individual, or the person on behalf of which the individual acted, executed the instrument.

Notary Public