PLEASE SIGN, DATE AND RETURN

Harvey R. Gross, M.D., P.C.

370 Grand Avenue, Englewood, NJ 07631 • (201) 567-3370 • Fax (201) 816-1265

STANDARD AUTHORIZATION OF USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

INFORMATION TO BE USED OR DISCLOSED
The information covered by this authorization includes:
- all medical records, testing, including HIV if done, x-rays, etc.

PERSONS AUTHORIZED TO USE OR DISCLOSURE INFORMATION
Information listed above will be used or disclosed by:

Harvey R. Gross, MD PC
370 Grand Avenue, Suite 102, Englewood, NJ 07631
P 201.567.3370 / F 201.816.1265

Name of person or organization

PERSONS TO WHOM INFORMATION MAY BE DISCLOSED
Information described above may be disclosed to:

_____
Name of person or organization

EXPIRATION DATE OF AUTHORIZATION
This authorization is effective through ____ / ____ / ____ *(one year)* unless revoked or terminated by the patient or the patient's personal representative.

RIGHT TO TERMINATE OR REVOKE AUTHORIZATION
You may revoke or terminate this authorization by submitting a written revocation to (Name of Practice). You should contact the (Title of Privacy/Compliance Officer) to terminate this authorization.

POTENTIAL FOR RE-DISCLOSURE
Information that is disclosed under this authorization may be disclosed again by the person or organization to which it is sent. The privacy of this information may not be protected under the federal privacy regulations.

X _____ **DOB:**___/___/___ **X**_____
Name of patient (print or type) Phone Number

X _____ **X** Date: _____
Signature of Patient

_____
Signature of Patient Representative

_____
Relationship of Patient Representative to Patient