

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:

Name of person or organization

PERSONS TO WHOM INFORMATION MAY BE DISCLOSED

Information described above may be disclosed to:

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

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