



Patient Authorization For Practice To Release Protected Health Information To Third Parties

For Statcare Urgent & Walk-in Medical Care ("Statcare") & Hicksville Family Medical Care ("HFMC")

By signing this authorization, I authorize Statcare/HFMC to use and/or disclose certain protected health information (PHI) about me to or for the party or parties listed below. This authorization permits Statcare/HFMC to use or disclose to

(Person or entity to receive the information) the following individually identifiable health information (specifically describe the information to be released, such as date(s) of service, level of detail to be released, the origin of information, etc.).

This authorization will expire on **31-Dec-2021** (Expiration date or defined event).

When my information is used or disclosed pursuant to this authorization, it may be subject to redisclosure by the recipient and may no longer be protected by the Federal HIPAA Privacy Rule. I have the right to revoke this authorization in writing except to the extent that Statcare/HFMC has acted in reliance upon this authorization. My written revocation must be submitted to Statcare/HFMC.

Print Name

Signature

Date