

UROLOGY GROUP, P.A.

**FOUR GODWIN AVENUE
MIDLAND PARK, NJ 07432
201-444-7070
FAX: 201-444-7228**

**PATIENT AUTHORIZATION FOR PRACTICE TO RELEASE
PROTECTED HEALTH INFORMATION TO THIRD PARTIES**

By signing this authorization, I authorize **Urology Group, PA** to use/and or disclose certain protected health information (PHI) about me to or for the party or parties listed below:

(Name of person or Entity to receive information)

This authorization permits **Urology Group, PA** to use or disclose 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, origin of information, etc.)

The information will be used or disclosed for the following purpose:

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 **Urology Group, PA** has acted in reliance upon this authorization. My written revocation must be submitted to Urology Group, PA at 4 Godwin Avenue, Midland Park, NJ 07432

Signature of Patient or Legal Guardian

Relationship to Patient

Patient's Name

Patient's Date of Birth

Print Name of Patient or Legal Guardian

Date