Sheikh Medical Care PLLC

103-02 93RD ST, OZONE PARK,
New York 11417
Tel: 718-487-3944
Fax: 718-487-3929
E-mail: sheikhmedicalcarepllc@gmail.com

HIPAA AUTHORIZATION FORM

I authorize ______________________________ to utilize & disclose my PHI (protected health information) listed below upon my request. It includes faxing this general information to persons or designated entities.

Date of visit | Reasons of visits | Diagnosis | Released from care
Appointments | Restrictions | Medications

Person(s) or entity authorized to receive this specific information:

Personal Representative's Employer | Truant Officer | Parole Officer | Family/Friends
School/Daycare/Preschool | Camp | Employer | Social Worker

This PHI is being disclosed or used for the below purposes:

To verify restrictions | School/Work Excuse | Verify return to school/work

This authorization will be in force & effect until the event or time specified below, at which particular time this authorization to disclose and use this PHI information expires.

Employment terminated | Child reaches age of majority | Released from care
No longer in school

I completely understand that I hold the right to void or revoke this authorization, at any time in writing, by sending the written notification to the Privacy Officer of the practice at *(e-mail address or office address)*. I also understand that the abrogation isn't effective to the extent that my doctor or physician has relied on the disclosure or use of the PHI or if the authorization was acquired as the condition of bringing insurance coverage & the insurer has the right to inquire about a claim.

I apprehend that information utilized or disclosed under this authorization might be disclosed by any recipient as well as may no longer be safeguarded by state or federal law.

______________________________ ______________________________
Signature of Personal Representative / Patient | Date

______________________________ ______________________________
Print Name of Patient / Personal Representative | Personal Representative's Authority