

South Island Gastroenterology Associates, PC
Dr. Steven L. Kadish & Dr. Jonathan Zinberg

141 Washington Ave, Suite 204 Lawrence, NY 11559
Phone (516)341-0990 Fax (516)341-0987

AUTHORIZATION TO RELEASE MEDICAL INFORMATION TO INDIVIDUALS/FAMILY MEMBERS

It is the responsibility of South Island Gastroenterology Associates P.C. to ensure that the information regarding patients remains confidential. This means that information regarding your medical condition, billing and insurance issues, or any other protected health information as identified under HIPAA, cannot be released to other people, not even to family members, unless you authorize, in writing, the person(s) to whom you want that information released.

In the event of a critical episode, or if you are unable to give your authorization due to the severity of your medical condition, the law stipulates that these rules may be waived.

We realize that there are times when you may want another person to be knowledgeable about your medical condition, or act on your behalf about billing or insurance issues. You can, if you desire, name a person(s) to whom you want the office staff to speak with about your medical condition or other issues. To do this, you must complete the form listed below.

- The authorization is valid until you cancel it in writing.
- If you designate no one, South Island Gastroenterology Associates, P.C. cannot release information to any family member or friend.

AUTHORIZATION:

I _____ Date of Birth _____, authorize South Island Gastroenterology Associates, P.C. to release any and all information concerning my medical care to the following individuals. I release South Island Gastroenterology Associates, P.C and its staff from any claim of confidentiality in connection with the release of this information.

Name _____

Relationship to Patient _____ Phone Number _____

Name _____

Relationship to Patient _____ Phone Number _____

_____ I do not wish to designate anyone at this time.

Patient Signature Date

Patient Name(Please Print)