



Authorization for Release of Medical Information

It is the responsibility of Delmar Family Medicine to ensure that 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 HIPPA, cannot be released to other people without written authorization from the patient in writing to whom you want information released. Your patient confidentiality rights are protected under the New York State Public Health Law, sections 17 and 18.

The office understands that there are times when you may want another person to have access to your medical conditions and/or act on your behalf. If you would like the office to be able to communicate with someone about you medical conditions or other issues, please complete the form below.

- 2 people can be designated.
- The authorization is valid until you revoke it in writing.
- If you designate no one, Delmar Family Medicine will not release information to a family member or friend.

I, _____ date of birth _____, designate the following person or persons to be able to speak with the staff at Delmar Family Medicine on my behalf about my medical condition or status of my account. I release Delmar Family medicine and its staff from any claim of confidentiality in connection with the release of this information.

Name of Designated Person: _____
Relationship: _____ Telephone #: _____

Name of Designated Person: _____
Relationship: _____ Telephone #: _____

I do not wish to designate anyone at this time.

Patient signature: _____ Date: _____