

**Dr. Aruna Bakhru**  
**22 IBM Road Suite 104B**  
**Poughkeepsie, NY 12601**  
**(845) 463-1044**  
**Fax (845) 463-1043**

**Patient Authorization For Use Or Disclosure of  
Protected Health Information**

I authorize the use or disclosure of health information about me as described below:

I authorize \_\_\_\_\_ to release information from the

Name of practitioner or facility

medical records of \_\_\_\_\_.

Patient name - please print

To: \_\_\_\_\_

Person(s) or class of persons authorized to receive the information

\_\_\_\_\_

Address

\_\_\_\_\_

City, State, Zip code

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

For treatment dates: \_\_\_\_\_

Required

Please indicate the information that may be used/disclosed:

\_\_\_\_\_ Entire Record Excluding HIV Testing

\_\_\_\_\_ Entire Record Including HIV Testing

\_\_\_\_\_ Progress Reports

\_\_\_\_\_ Lab Results

\_\_\_\_\_ Imaging/Radiology Reports

\_\_\_\_\_ Operative/Procedure Reports

\_\_\_\_\_ Other \_\_\_\_\_

Please specify

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

\_\_\_\_\_ At the request of patient \_\_\_\_\_ Legal

\_\_\_\_\_ Insurance \_\_\_\_\_ Inspection

\_\_\_\_\_ Other \_\_\_\_\_

Please specify

This authorization expires \_\_\_\_\_

Insert date

I understand that if the person or entity that receives this information is not a health care provider or health plan covered by federal privacy regulations, that the information described above may be subject to re-disclosure by the recipient and no longer protected by these regulations. I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken in reliance in this authorization.

I understand that I may refuse to sign this authorization and that my refusal to sign will not

affect my ability to obtain treatment or payment or my eligibility for benefits.

Date	Signature of Patient/Parent/Legal Guardian	Relationship to Patient
------	--	-------------------------

Fees and/or charges by Dr.Aruna Bakhru applicable to release of Protected Health Information will comply with all laws and regulations.