

DR. DONNA A. SERURE, DERMATOLOGY & COSMETIC LASER SURGERY, P.C.
327 Middle Country Road • Smithtown, NY • 11787-2905
Patient Authorization for Dr. Donna A. Serure, Dermatology &
Cosmetic Laser Surgery, P.C. to Release
Protected Health Information

By signing this authorization, I authorize _____ to use and/or disclose certain protected health information (PHI) about me to Dr. Donna A. Serure, Dermatology & Cosmetic Laser Surgery, P.C., at 327 Middle Country Road, Smithtown, NY 11787-2905:

This authorization permits _____ to use and/or disclose to Dr. Donna A. Serure, Dermatology & Cosmetic Laser Surgery, P.C., the following individually identifiable health information about me;

(Specifically describe the information to be released, such as date(s) of services, type of services, level of detail to be released, reports, origin of information, etc.)

This authorization will expire on _____
(Expiration date or Defined Event)

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 _____ has acted in reliance upon this authorization.

Patient's Name (Please Print)

Patient's Date of Birth

Please print Name of Patient or Legal Guardian

Date

Signed by: _____
Signature of Patient or Legal Guardian

Relationship to Patient