SOUTH SHORE INFECTIOUS DISEASES & TRAVEL MEDICINE CONSULTANTS, P.C.

125 Sunrise Hwy
West Islip, NY 11795
Phone: (631) 376-6075
Fax: (631) 376-6091

As a result of the Health Insurance Portability and Accountability Act (HIPAA), enforced by the U.S. Department of Health and Human Services Office for Civil Rights, we are not permitted to release patient information except as stated in the Notice of Privacy Practices, or in accordance with your wishes stated below.

This waiver authorizes South Shore Infectious Diseases (SSID) to send/give medical information as noted:

☐ New Request ☐ Change to Prior Request ☐ Withdrawal of Prior Request

Patient Name- Please Print

_____ _____ _____
First Middle Initial Last

Leave a voice mail recording including my Personal Health Information on my home phone: Yes_____ No_____

Leave a voice mail recording including my Personal Health Information on my cell phone: Yes_____ No_____

I authorize SSID to email me my Personal Health and Billing Information via unencrypted email: Yes_____ No_____

Email Address:_____

Permit the individual stated below (Personal Representative) to receive prescriptions and/or test results: Yes_____ No_____

Speak to a family member of my choosing (Personal Representative) regarding my Personal Health and Billing Information: Yes_____ No_____

Please list your preferred mailing address:

_____

_____

Name of Personal Representative: _____

The authorizations made above will remain effective until such time as I notify SSID in writing, of requested changes.

_____ _____
Signature of Patient or Legal Guardian Patient's Name

_____ _____
Print Name of Patient or Legal Guardian Today's Date