

DRS. HEYMANN, MANDERS & GREEN, LLC.

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Camden, NJ 08053
Phone #: 856-342-2381
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**PATIENT AUTHORIZATION FOR PRACTICE TO RELEASE
PROTECTED HEALTH INFORMATION
THIS AUTHORIZATION COMPLIES WITH HIPAA PRIVACY RULE**

By signing this authorization, I authorize HEYMANN, MANDERS, & GREEN, LLC. to use, disclose and/or release certain protected health information (PHI) about me to or for the party or parties listed below:

Obtain from:

Release to:

**HEYMANN, MANDERS & GREEN, LLC.
100 Brick Road, Ste. 306
Marlton, NJ 08053
Phone #: 856-596-0111
Fax #: 856-596-7194**

Patient Name: _____

D.O.B.: _____

Approximate Date(s) of Treatment: _____

Information to be disclosed:

- _____ Any and all information concerning my treatment at this office
- _____ Biopsy reports
- _____ Other: _____

- Purpose(s) for disclosure: _____ At the request of the patient
_____ At the request of the physician
_____ Other _____

This authorization is good for 12 months from the date signed below my signature.

I understand that I may revoke this authorization at any time, even if it has not expired by giving written notice to the privacy officer. My written revocation must be submitted to HEYMANN, MANDERS, & GREEN, LLC's Privacy Officer at 100 Brick Road, Ste. 306, Marlton, NJ 08053.

When my information is used or disclosed pursuant to this authorization, it may be subject to re-disclosure by the recipient and may no longer be protected by the federal HIPAA Privacy Rule.

Patient Signature

Date

Authorized Representative

Date

Print Name

Relationship to Patient