

Consent for Release of Information

Name of patient

Date of birth

RELEASE TO HUDSON DERMATOLOGY, P.C.

I hereby authorize (name of physician) _____
or his/her employees or agents to release the following information from the medical records of
the patient named above:

copy of entire record test results other _____

I authorize this confidential information to be released only to:

HUDSON DERMATOLOGY, P.C.

969 Main Street, Ste. D	Fishkill, NY 12524	845 896 7730	845 896 7758 fax
29 Fox Street, 4th Fl.	Poughkeepsie, NY 12601	845 473 2350	845 473 4305 fax
40 Hurley Ave., 3rd Fl.	Kingston, NY 12401	845 338 3200	845 338 3233 fax
336 U.S. Route 202, Ste.2	Somers, NY 10589	914 617 8950	914 617 8960 fax
155 White Plains Rd., Ste. 109	Tarrytown, NY 10591	914 829 8200	914 829 8201 fax

RELEASE FROM HUDSON DERMATOLOGY, P.C.

I hereby authorize Hudson Dermatology, P.C., or its employees or agents to release the
following information from the medical records of the patient named above:

copy of entire record test results other _____

I authorize this confidential information to be released only to the following person, agency or
organization:

THE PURPOSE OF THIS DISCLOSURE IS

continued medical care other _____
 to process insurance claims to complete insurance application

This authorization to release confidential medical information may be revoked by me in writing
at any time, except to the extent that action has already been taken in reliance on it. It will be
effective only long enough to fulfill the specific purpose for which it is given or for 60 days,
whichever is sooner. No further confidential information will be released without the execution of
an additional written statement of consent.

Signature of patient (or parent, if minor)

Date of consent

969 Main Street, Suite D | Fishkill, NY 12524 | 845 896 7730 | 845 896 7758 fax
29 Fox Street, 4th Floor | Poughkeepsie, NY 12601 | 845 473 2350 | 845 473 4305 fax
40 Hurley Avenue, Suite 10, 3rd Floor | Kingston, NY 12401 | 845 338 3200 | 845 338 3233 fax
336 U.S. Route 202, Suite 2 | Somers, NY 10589 | 914 617 8950 | 914 617 8960 fax
155 White Plains Road, Suite 109 | Tarrytown, NY 10591 | 914 829 8200 | 914 829 8201 fax