Total EyeCare and Aesthetics

Stephanie K. Becker, M.D., P.C.

120 Bethpage Road; Suite 102

Hicksville, New York 11801

Tel 516-681-2220/ Fax 516-681-2214

Authorization to Release Healthcare Information:

Patient's Name:

Date of Birth:

I request Dr. _____

Located at : _____

_____

Fax: _____

To release the healthcare information of the patient named above to :

Total EyeCare and Aesthetics/ Stephanie K. Becker, M.D., P.C. at the address above

I understand that:

I may inspect or copy the protected health information to be used or disclosed

I may revoke this authorization in writing at the location specified above

I understand that the information above may be subject to re-disclosure by the recipient and no longer be protected by HIPPA

Patient Signature: _____ Date: _____