Digestive Disease Associates Of Rockland, PC
974 Rte 45 • Pomona, NY 10970
845-354-3700 • 845-354-5439 (fax)

Dear Patient:

As you are aware, there are very strict governmental mandated rules concerning patient confidentiality and release of a patient's medical information. Therefore, in our continuing efforts to improve patient/physician communications, DDAR can offer you additional ways to receive information, with your signed authorization, concerning your care and treatment.

PART I:

If there is any FAMILY MEMBER OR FRIEND whom we may discuss or release information on your behalf, please list them here: ☐ **No one**

Name	Relationship

I understand that I may revoke or change this authorization at any time in writing.

_____ _____
Signature **Date**

_____
Print Name

PART II:

If you would like to authorize us to receive information/results from any other physician, health care provider, radiology group or laboratory, please check or list them here:

☐ **None**

Please use blank lines for "other"

☐ MRI (Any Site)	☐ Quest Laboratories	☐ Good Samaritan Hospt
☐ Ramapo Radiology	☐ Rockland MediLabs	☐ Nyack Hospital
☐ Dr. Weg	☐ LabCorp	☐ _____
☐ Ramapo Diagnostics	☐ _____	☐ _____
☐ _____	☐ _____	☐ _____

I understand that I may revoke or change this authorization at any time in writing.

_____ _____
Signature **Date**

_____
Print Name