



# TULLY RINCKEY PLLC

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## RELEASE AND AUTHORIZATION OF MEDICAL INFORMATION

I, \_\_\_\_\_, authorize and request any physician, health care professional, health care provider, medical care facility, Veterans Administration, Medicaid, Medicare, insurance companies, pharmacies, healthcare and mental health facilities, assisted living facilities, nursing homes, clinics, hospitals and all other providers of my medical care, to provide Tully Rinckey, PLLC, Richard E. Rowlands, Esq., or its representative(s), information relating to my physical and mental condition and the diagnosis, prognosis, care and treatment thereof upon the request of Tully Rinckey, PLLC, Richard E. Rowlands, Esq., of counsel, or its representative(s).

It is my intent by this authorization for my designated agent, Tully Rinckey, PLLC, Richard E. Rowlands, Esq., or its representative(s), to be considered a personal representative under privacy regulations related to protected health information in the same manner as if I personally were making the request. This authorization and request shall also be considered a consent to the release of such information under current laws, rules and regulations as well as under future laws, rules and regulations and amendments to such laws, rules and regulations to include but not be limited to the express grant of authority to the person representative as provided by Regulations Section §164.502(g) of Title 45 of the Code of Federal Regulations and the medical information privacy law and regulations generally referred to as HIPAA.

It is my intent that copies of this release shall have the same effect and power as an original.

WITNESS my hand and seal this \_\_\_\_ day of \_\_\_\_\_, 2010.

\_\_\_\_\_

STATE OF NEW YORK     )  
  )SS.:  
COUNTY OF                     )

On the \_\_\_\_ day of \_\_\_\_\_, in the year 2010 before me, the undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her

signature on the instrument, the individual, or the person on behalf of which the individual acted, executed the instrument.

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Notary Public