



☐
Patient or Legal
Representative refused to
sign/complete this document.

HIPAA Privacy Notice-Release of Information

This document only applies to medical-related information and does not include the release of dental information.

Refusal to complete this form prohibits Hudson Headwaters Health Network from disclosing general information including date and time of appointments unless authorized under law.

I, _____, _____ give Hudson Headwaters Health Network (HHHN)
(Patient's name) (date of birth)

permission to disclose my location, condition and other information regarding my care to those I have named below.

(First and last name)

(Relationship to patient)

(First and last name)

(Relationship to patient)

(First and last name)

(Relationship to patient)

- ☐ Primary care
☐ *OB/GYN/Family Planning (**Minor can consent**)
☐ Specialty care: _____
☐ **All information**

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☐ *OB/GYN/Family Planning (**Minor can consent**)
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☐ *OB/GYN/Family Planning (**Minor can consent**)
☐ Specialty care: _____
☐ **All information**

I understand that this document **does not** expire and will remain in effect unless updated or revoked in writing. I will report any concerns I may have regarding my personal health information to Hudson Headwaters Health Network by calling 518.409.8642 or emailing patientconcerns@hhhn.org.

***OB/GYN/Family Planning:** I understand by checking OB/GYN/Family Planning, this includes information relating to family planning services (i.e. birth control, contraception), sexually transmitted infection testing or treatment, unless prohibited by law. In NYS, those under the age of 18 have the right to confidentially access these services via their own consent.

Signature of Patient or Representative

Print Name

Date

Attention Staff: It is important to note that the patient could be able to consent to some but not all care. For instance, a minor patient seeking treatment for STI can consent and direct the release of information regarding that care, however their primary care records are released under the authority of the parent or legal guardian. Please reference the Consent for the Treatment of Minors policy or contact the Risk and Compliance team.

Hudson Headwaters Health Network complies with all applicable laws regarding the release and disclosure of personal health information, including HIPAA, and the New York State (NYS) Public Health Law §2504 regarding the Treatment of Minors.