Michael Mesbah, MD
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Garden City, NY 11530
516-794-1500

As a result of the Health Insurance Portability and Accountability Act (HIPAA), enforced by the Department of Health and Human Services office of Civil Rights, we are not permitted to release patient information except as stated in the Notice of Privacy Practice, or in accordance with your wishes stated below:

This waiver authorizes Mesbah OBGYN to send or give medical information as notified.

Patient Name: ____

Leave a voice mail recording including my Personal Health Information on my home phone: Yes_____ No_____

Leave a voice mail recording including my Personal Health Information on my cell phone: Yes_____No______

Leave a voice mail recording including my Personal Health Information on my business phone: Yes_____No______

Permit the individual (Personal Representative) stated below to receive prescription and/or test results: Yes_____No______

Speak to the individual stated below regarding my Personal Health and Billing information: Yes_____No______

If you answered yes to either of the above two questions, please list individual below

Name of Designated Personal Representative: _________________________________

On this date ________________, I received/reviewed Mesbah OBGYN Notice of Privacy Practices, which describes how my medical information may be used and disclosed.

The authorization made above will remain effective until such time as I notify Mesbah OBGYN in writing, by certified mail, of requested changes.

___________________________________ ____________________

Signature of Patient or Legal Guardian Today's Date

____

Print Name