



Mark A. Schwartz, MD, FACS, RPVI
Authorization to Release
Health Information

Patient Information:

Name of Patient: _____ Date of Birth: _____
Address: _____ City, State, and Zip: _____

I authorize the practice below to release my health information:

(Fill in your doctor's address)

Please forward/release my health information to:

The North Shore Vein Center
One Hollow Lane, Suite 210
Lake Success, N.Y. 11042
Fax: 516-773-6133
Phone: 516-869-8346

The information below is provided at the request of the patient:

Please provide any medical records in which there is mention of lower extremity circulation, varicose veins, venous insufficiency, or any recommendation for the use of compression stockings or hose that may assist us in the evaluation and possible treatment of this patient's venous problem.

This authorization shall be in effect until the information has been forwarded as requested.

Patient Information:

I understand that my treatment will not be conditional upon signing this authorization and that I have the right to refuse to sign this authorization. I understand that information disclosed as a result of this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal or state law.

I understand that I have the right to revoke this authorization by sending a written notification to the [insert office name]. A revocation is not effective if the information has already been disclosed but will be effective upon receipt of written notification.

I understand that I have the right to inspect or copy the protected health information as described in this document.

I can do this by written notification to the North Shore Vein Center, One Hollow Lane, Suite 210, Lake Success, NY 11042.

Signature of Patient or Personal Representative Date: _____

Description of Personal Representative's Authority (attach necessary documentation)

North Shore Vein Center
One Hollow Lane, Suite 210
Lake Success, NY 11042

Tel: 516-869-VEIN (8346)
Fax: 516-773-6133
www.NorthShoreVein.com