

Power Of Attorney

To Execute HIPAA Medical Record Authorization Forms Pursuant To NY Public Health Law §18(1)(G) As Amended 10/26/04.

I, _____

of _____
(insert your name and address)

do hereby appoint: _____,
with offices at _____, New York _____

my attorneys-in-fact to act (each agent may act separately) in my name, place and stead in any way which I myself could do, if I were personally present **to execute HIPAA medical record authorization forms pursuant to NY Public Health Law §18(1)(g) as amended 10/26/04.** This power of attorney may be revoked by me at any time. This Power of Attorney shall not be affected by my subsequent disability or incompetence.

To induce any third party to act hereunder, I hereby agree that any third party receiving a duly executed copy or facsimile of this instrument may act hereunder, and that revocation or termination hereof shall be ineffective as to such third party unless and until actual notice or knowledge of such revocation or termination shall have been received by such third party, and I for myself and for my heirs, executors, legal representatives and assigns, hereby agree to indemnify and hold harmless any such third party from and against any and all claims that may arise against such third party by reason of such third party having relied on the provisions of this instrument.

In Witness Whereof I have hereunto signed my name this ____ day of _____, 2005

(SIGNATURE)

ACKNOWLEDGEMENT

STATE OF NEW YORK
COUNTY OF _____

On this ____ day of _____, 2005 before me the undersigned, personally appeared _____, personally known to be 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 executed the same in his capacity, and that by his signature on the instrument, the individual, or the person who acted on behalf of the individual, executed the instrument and that such individual made such appearance before the undersigned at _____, New York.

Notary