## DURABLE POWER OF ATTORNEY TO EXECUTE A WRITTEN REQUEST FOR PATIENT INFORMATION UNDER SECTION 18 OF THE NEW YORK STATE PUBLIC HEALTH LAW

THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS.

TIENTITI CHILD DECIDIONS.
This is intended to constitute a DURABLE POWER OF ATTORNEY to execute a written request for patient information under Section 18 of the New York State Public Health Law:
I,, do hereby appoint my attorney: CAITLIN A. MCNAUGHTON, ESQ. Of the LAW OFFICE OF COHEN & JAFFE, LLP, 2001 Marcus Avenue, Suite W295, Lake Success, NY 11042 as my attorney-in-fact to execute a written request for patient information under section 18 of the New York State Public Health Law in my name, place and stead in any way which I myself could do, if I were personally present.
THIS DURABLE 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.
THIS DURABLE POWER OF ATTORNEY MAY BE REVOKED BY ME AT ANY TIME.
n Witness Whereof I have hereunto signed my name this day of , 202
State of New York )  ) ss.:  (Signature of Qualified Person)  County of )  On the day of in the year 202 before me, the undersigned, a Notary Public n and for said State, personally appeared , personally known o me or proved to me on the basis of satisfactory evidence to be the individual whose name
s 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 he person upon behalf of which the individual acted, executed the instrument.

Notary Public

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This is intended to constitute a DURABLE POWER OF ATTORNEY to execute a writte request for patient information under Section 18 of the New York State Public Health Law:
, do hereby appoint my attorney: STEPHEN B. TIGER, ESQ. Of the LAW OFFICE OF COHEN & JAFFE, LLP, 2001 Marcu Avenue, Suite W295, Lake Success, NY 11042 as my attorney-in-fact to execute a writte request for patient information under section 18 of the New York State Public Health Law i my name, place and stead in any way which I myself could do, if I were personally present.
THIS DURABLE POWER OF ATTORNEY SHALL NOT BE AFFECTED BY M'SUBSEQUENT DISABILITY OR INCOMPETENCE.
TO INDUCE ANY THIRD PARTY TO ACT HEREUNDER, I HEREBY AGREE THAT AN' 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 UNTIFACTUAL 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 NDEMNIFY 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 THIS DURABLE POWER OF ATTORNEY MAY BE REVOKED BY ME AT ANY TIME.
n Witness Whereof I have hereunto signed my name this day of , 202
State of New York )  ) ss.:  (Signature of Qualified Person)  County of )
On the day of in the year 202 before me, the undersigned, a Notary Public n and for said State, personally appeared , personally known o 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 he person upon behalf of which the individual acted, executed the instrument.

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