Carmel Medical Care, PC
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Medical Records Fax: (815) 642-5698
TAX ID # 81-1931257
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STANDARD AUTHORIZATION OF USE AND DISCLOSURE OF PHI

Information to be Used or Disclosed:

RELEASE OR OBTAIN ANY AND ALL MEDICAL RECORDS RELATED TO MY MEDICAL CONDITION AND TREATMENT

Purpose of the Disclosure: **COORDINATION OF CARE AND TREATMENT**

May we leave a message on your answering machine? Yes____ No____

Persons Authorized to Use or Disclose This Information:

Carmel Medical Care, PC, Advanced Health New York

Expiration Date of Authorization: No Expiration unless dated here: _____/_____/_____
This authorization is effective until the expiration date above or until revoked or terminated by the patient or the patient's personal representative.

Right to Terminate or Revoke Authorization:
You may revoke or terminate this authorization by submitting a written revocation to our office. You should contact the HIPAA Compliance Officer to terminate this authorization.

Potential for Re-disclosure
Information that is disclosed under this authorization may be re-disclosed. The privacy of this information may not be protected under the Federal Privacy Rule depending on whom the information is disclosed to.

A photocopy of this authorization shall have the same force and effect as an original.

Name of patient: ____

Date: _________________

Signature of Patient or Guardian: ___________________________________