



**Carmel Medical Care, PC**

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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 & Injury Care; Advanced Health & Human Performance**

Additional Persons to Whom Information May Be Disclosed (include relationship):

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**Expiration Date of Authorization:**

This authorization is effective through \_\_\_\_/\_\_\_\_/\_\_\_\_ or NO Expiration if blank, unless 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 by the person or organization to which it is sent. The privacy of this information may not be protected under the Federal Privacy Rule depending on whom the information is disclosed to.

Our practice will not condition treatment, payment, enrollment or eligibility for benefits on whether the individual signs this authorization. A photocopy of this authorization shall have the same force and effect as an original.

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Name of patient

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Signature of Patient

Date