

F.H.L. Blood & Cancer Specialists

900 Century Drive, Suite 101, Mechanicsburg PA 17055

Phone: (866) 387-7077 Fax: (866) 388-7761

Authorization for Disclosure of Protected Health Information

I, _____ hereby authorize _____ to disclose
information from the records of _____
Patient Name Date of Birth

Purpose for request: _____ for personal use only _____ transfer of care
_____ relocation out of area _____ Second opinion
_____ insurance change related _____ other _____

The following information is to be released: (please check one)

_____ **Entire Medical Record.** Records specifically protected under State and Federal Confidentiality Statutes. I understand that the information to be disclosed may include diagnosis, prognosis, and treatment for physical and/or mental illness including treatment of substance abuse, AIDS/HIV related, genetic, venereal disease, or tuberculosis information, which are protected under State and Federal law prohibits and further disclosure without written consent of the persons to whom it pertains or otherwise protected by law.

_____ **Only specific portions of the medical record.** Itemize portions of record and time period of records to be released and indicate specific records that may not be released _____

Having read the above information, I release F.H.L. Blood & Cancer Specialists, its employees, staff, and agents from all legal responsibility or liability that may arise from the disclosure of information set forth above relating to my protected information.

I understand that this authorization will remain in effect for 180 days or until I provide a written notice of revocation to F.H.L. Blood & Cancer Specialists, LLC at the address listed above. The revocation will be effective immediately upon F.H.L. Blood & Cancer Specialists' receipt of the written notice. I understand that revocation may not be made if the action has already been acted upon based on prior authorization.

Date

Patient's Signature

Date

Witness's Signature

_____ **URGENT**

Please fax immediately to prevent a delay in care to:

F.H.L. Blood & Cancer Specialists, LLC

Fax: (866) 388-7761