

NORTH MEDICAL CENTER
 5100 W. Taft Rd.
 Liverpool, NY 13088
 315.452.2828

NORTHEAST MEDICAL CENTER
 4101 Medical Center Dr.
 Fayetteville, NY 13066
 315.637.7878

**PATIENT AUTHORIZATION FOR PRACTICE TO RELEASE
 PROTECTED HEALTH INFORMATION TO THIRD PARTIES**

By signing this authorization, I, _____,
 Authorize St. Joseph's Physicians to use/and or disclose certain protected health information (PHI) and financial information about me
 to or for the parties listed below.

Name: _____ Relationship: _____
 Name: _____ Relationship: _____

Please list any protected health information (PHI) or financial information you do not wish to be disclosed to the person(s) listed
 above: (Specifically describe the information to be released such as dates of service, level of information detail, origin of information)

*Please initial the line below if you do not wish to have any of your protected health information or financial information discussed
 with any person(s) other than yourself.*

In the case St. Joseph's Physicians is unable to reach me with test results or _____, I
 authorize St. Joseph's Physicians
 _____ to leave a message at _____ phone number
 _____ to leave a message with _____ at
 _____ phone number.

_____ St. Joseph's Physicians must speak to me directly and may not leave a message with any other person(s) other than myself.
 This authorization will expire on _____.

I understand that when my information is used or disclosed pursuant to this authorization, it may be subject to re-disclosure by the
 recipient and may no longer be protected by the federal HIPAA Privacy Law. I have the right to revoke this authorization in writing
 except to the extent that St. Joseph's Physicians, P.C. has acted in reliance upon this authorization. My written revocation must be
 submitted to St. Joseph's Physicians, HIPAA Officer at 5100 Taft Road, Suite 1D, Liverpool, NY 13088.

Signed by:

 Signature of Patient or Guardian

 Relationship to Patient

 Patient's Name

 Date

 DOB

 Telephone Number

 Print Patient or Guardian's Name