Family Medical Care of Lawrence Co.

150 N New Castle Street
New Wilmington, PA 16142
Phone: 724-946-3564
Fax: 724-946-2156

AUTHORIZATION FOR USE AND DISCLOSURE OF INFORMATION

This authorization gives Family Medical Care of Lawrence County permission to use and/or disclose health information about you.

Patient Name: (Print)_____

Birth Date:_____ Address:_____

Furnish records to: Family Medical Care, 150 N New Castle St, New Wilmington, PA 16142
Obtain records from:
Name of Provider/Facility_____

Address_____

Phone_____Fax_____

Specific description of information to be used or disclosed:

_____

Dates of Service:_____
Purpose of disclosure:_____
If you are transferring, kindly indicate reason for transfer:_____

*Right not to sign. You may refuse to sign this authorization. Refusal to sign this authorization will not affect your ability to obtain treatment by FMC, except in the case of health care that is solely for the purpose of creating health care information for disclosure to a third party (pre-employment physical, life insurance physical, life insurance physical, research related care).

*Right to revoke. You may revoke this authorization, in writing, at any time by sending written notification to: Family Medical Care, Attn: Office Manager; 150 N New Castle St New Wilmington, PA 16142

I understand that a revocation is not effective to the extent that the provider has relied on the use or disclosure of the protected health information.
Re-disclosure. Health information disclosed pursuant to this authorization may be subject to re-disclosure because it is no longer protected by the federal privacy rule or another privacy law.
Inspect/Copy. You have the right to inspect or copy the protected health information to be used or disclosed.

This authorization shall remain in effect from the date signed below for 90 days.

_____ _____
Signature of Patient or Personal Representative Date

_____ _____