

**CARENET MEDICAL GROUP, PC**  
**AUTHORIZATION OF USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION**  
**As Required by the Privacy Regulations Created as a Results of Health Insurance Portability and**  
**Accountability Act of 1996 (HIPAA)**

I authorize CareNet Medical Group to obtain my medical information as directed below.

Patient's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I hereby authorize CareNet Medical Group, PC to obtain Protected Health Information From:

\_\_\_\_\_  
Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Please specify the Protected Health Information to be released:

Medical Records [ ]                      Dates of care include: \_\_\_\_\_ To \_\_\_\_\_

**The Medical Records I am requesting was at your facility under the name of:** \_\_\_\_\_

(PLEASE LIST PREVIOUS

\_\_\_\_\_  
NAME)

Mammography disk/films [ ]                      This is a permanent release of films:    YES or NO

Name of facility where mammogram was done: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

The mammogram I am requesting was completed at your facility under the name of:

\_\_\_\_\_  
(If name is Different from above)

1. I understand that I may inspect or obtain a copy of the Protected Health Information described by this authorization
  
2. I understand that the information may include sensitive information such as alcohol and drug usage, child abuse / neglect, sexual assault / abuse, sexually transmitted disease, termination of pregnancy, sexual preference, and history of behavioral health counseling / family interaction problems. **ANY INFORMATION NOT TO BE RELEASED SHOULD BE SPECIFIED:**  
\_\_\_\_\_

EXPIRATION DATE OR EVENT: This authorization will expire on (date no later than one year from now)

\_\_\_\_\_.

Please forward my Protected Health Information To:

CARENET MEDICAL GROUP, PC  
Attention: Medical Records Department  
2123 River Road  
Schenectady, New York 12309  
P - (518) 381-1121 F - (518) 381-3930

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Date

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Signature of individual patient or guardian