



# NEW ENGLAND Cancer Specialists

New England Cancer Specialists • 100 Campus Drive • Suite 108 • Scarborough, Maine 04074

## Authorization for Release of Health Information

I, \_\_\_\_\_ ; DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ ( \_\_\_\_\_ )  
Patient Name Date of Birth Maiden Name

### Authorize:

### To Disclose via fax to:

I authorize New England Cancer Specialists to obtain my medical records from other healthcare providers for the purpose of providing medical care to me, and I authorize the release of my medical records to other healthcare providers for the same purpose.

New England Cancer Specialists  
100 Campus Drive, Suite 108  
Scarborough, Maine 04074  
Phone: (207)303-3300  
Fax: (207)396-7610

Any health information and records of any treatment or examination rendered to me:

(Fill in Time Frame) From: \_\_\_\_\_ To: \_\_\_\_\_

√ A check mark will indicate permission to release information.

\_\_\_ Alcohol or drug dependency records

\_\_\_ Mental Health Treatment Records – Specific diagnosis

\_\_\_ HIV / AIDS Antibody Test Results and Diagnosis/Treatment Records

\_\_\_ Genetic Information (Including Genetic Test Results)

- I understand that once this information is released, my physician and/or his/her employees cannot prevent the re-disclosure of that information. I release New England Cancer Specialists and any of its employees from any and all liability arising directly from disclosure authorized by this consent and any re-disclosure of that information.
- I understand I have the right to revoke this authorization at any time. Authorization will be considered inactive when New England Cancer Specialists receives a request in writing to revoke the authorization.

This authorization for disclosure is effective for one year from the date signed.

\_\_\_\_\_  
**Signature of Patient**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Legal Representative**

\_\_\_\_\_  
**Date**

Authority to Act – Legal Representative:

- Legal Guardian    Spouse of Deceased    Executor of Estate    Health Care Power of Attorney