

Authorization for the Use & Disclosure of Protected Health Information (PHI) Instructions

- 1. Complete all sections on the form. Incomplete forms will not be accepted.
- 2. List the provider/entity(ies) from which you are requesting records and submit as noted in the chart below.
- 3. If Alcohol/Drug Treatment, Mta H45 (e)6 (a)6 lt(h)2 (T37 (r)5 (e)-4 (a)6 (tme64 (n)2 (t,)]TJ 0 Tc 0 Tw215.63 0 i(n)2 (f52 (o)2 (r)5 m(a)6 (i(o)2 (n)]TJ 0 Tc 0 Tw42.74 0 Td ()Tj[(i)-2 (s)-1 n t)-2 o(be)4 (i)-2 (ca)4 (l)-2 u(do)4 (l)-2 (l)-2

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Information(except psychotherapy noteswhich may requireadditional
authorization
Genetic Testing Information
HIV/AIDS-Related Information release of this information must include the required statements regarding
the prohibition of edisclosure when required by law

2. Except for the special types of information listed above, information that is shared because of this

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Purpose for release of information:

At my request Continuity of Care

Othetplease explain, including if for a government benefit or program):______

Person receiving this information:

Self Othe(name; ID required for pick up):

Form/Format

