NEW ENGLAND
Cancer Specialists

Authorization for Release of Health Information

I, _____; DOB:____/____/_____ (_____)
Patient Name Date of Birth Maiden Name

Authorize:

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

Disclose to:

☐ **New England Cancer Specialists**
2 Independence Dr.
Kennebunk, Maine 04043
Phone: (207)303-3300
Fax: (207)985-9820

☐ **New England Cancer Specialists**
155 Borthwick Ave East, Suite 303
Portsmouth, NH 03801
Phone: (603)828-0100
Fax: (603)828-0111

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

☐ **New England Cancer Specialists**
105 Topsham Fair Mall Road
Topsham, Maine 04086
Phone: (207)303-3300
Fax: (207)729-2789

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 ☐ HIV / AIDS Antibody Test Results and Diagnosis/Treatment Records

☐ Mental Health Treatment Records – Specific diagnosis ☐ 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