



**New Image Medical Center, LLC**  
**Authorization of Use and Disclosure of**  
**Protected Health Information**

**Information To Be Used or Disclosed**

The information covered by this authorization includes:

- Blood test results
- Radiologic test results
- Consultants reports
- Information on current or planned medical treatments
- All of the above

**Purpose of Disclosure**

Information listed above will be disclosed for the following purposes:

- For general information purposes
- For medical decision making

**Persons Authorized To Use or Disclose Information**

Information listed above will be used or disclosed by Dr. Mercadante.

**Persons To Whom Information May Be Disclosed**

Information described above may be disclosed to:

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**Expiration Date of Authorization**

This authorization is effective for one year unless revoked or terminated earlier by the patient or the patient’s personal representative.

**Right To Terminate or Revoke Authorization**

You may revoke or terminate this authorization by submitting a written revocation to New Image Medical Center. You should contact the office to terminate this authorization.

**Potential For Redislosure**

Information that is disclosed under this authorization may be disclosed again by the person or organization to which it is sent. It may not be possible to ensure your right to the protection of the privacy of this information once New Image Medical Center discloses it to another party.

**Rights of the Individual**

- You may inspect or copy information used or disclosed under this authorization.
- You may refuse to sign this authorization.

**Effect of Refusing Authorization**

If you refuse to sign this authorization, New Image Medical Center will not deny you any treatment except research-related treatment or treatment that you have requested for the purpose of disclosure to others.

**Signature**

\_\_\_\_\_  
Name of Patient (Print)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient Representative  
Relationship of Patient Representative to Patient