

Release of Information Authorization

() Slides / Reports

() Report Only

To: Fusion Diagnostics Laboratories
210 Malapardis Road
Suite 103
Cedar Knolls New Jersey 07927
Tel. #: (973)-998-8189
Fax #: (973)-998-8292

Authorized the release of Pathology slides and report to:

Name of Institution / Hospital

Name of Physician

Street Address

City, State

Phone Number

Patient Name or Authorized Person and Relationship to Patient (PLEASE PRINT CLEARLY)

Signature

Patient Date of Birth and Telephone #

Note: There is a **\$30.00 processing fee** for slides. Payment can be made with Credit Card, Money Order or Personal Check.
Please call **973-998-8189** or **1866-Fusion –Lab** to arrange payment

I, or my authorized representative request that health information regarding my care and treatment as set forth on this form: In accordance with New Jersey and New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (**HIPPA**), I understand that:

1. This authorization may include disclosure of information relating to **ALCOHOL** and **DRUG ABUSE, MENTAL HEALTH TREATMENT**, except psychotherapy notes, and **CONFIDENTIAL HIV* RELATED INFORMATION**.
2. If I am authorizing the release of HIV-related, alcohol, drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my additional written authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information.
3. I have the right to revoke this authorization any time by writing to Fusion Diagnostics Laboratories; ATTN Medical Records Release. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
5. Information disclosed under this authorization might be redisclosed by the recipient and that this redisclosure may no longer fall under the protection of federal or state law.