



**MRI GROUP**

*A Penn Medicine Lancaster General Health partner*

**AUTHORIZATION FOR USE OR RELEASE OF HEALTH INFORMATION**

Patient Name: \_\_\_\_\_

1. This authorization is for the use and/or disclosure of the following protected health information:  
\_\_\_\_\_
2. This authorization allows MRI Group personnel to make the requested use or disclosure of the information described in item 1 to  
\_\_\_\_\_
3. The purpose of the use or disclosure is as follows:  
 At the request of the patient or patient's personal representative.  
 As follows: \_\_\_\_\_  
 Expiration date or expiration event: \_\_\_\_\_
4. You have the right to revoke this authorization in writing by sending a letter signed by you to the following:  
 Privacy Officer  
 MRI Group  
 2104 Harrisburg Pike  
 Lancaster, PA 17604  
  
 A revocation will not impact any action taken prior to our receipt of the revocation in reliance on this authorization.
5. MRI Group may not condition treatment on your agreement to sign this Authorization.
6. Information used or disclosed pursuant to this authorization may be subject to re-disclosure by the persons listed in item 2 and may no longer be protected.

I understand the nature of this Authorization.

\_\_\_\_\_ Dated: \_\_\_\_\_  
*Patient/Client Signature*

**If the above signatory is a personal representative, their legal relationship to the patient/client is:**

\_\_\_\_\_  
Signature of staff person obtaining authorization: \_\_\_\_\_

**If the Authorization is for the release of HIV-related information, the following statement must be included in the Authorization:**

This information has been disclosed to you from records whose confidentiality is protected by Pennsylvania law. Pennsylvania law prohibits you from making any further disclosure of this information unless further disclosure is expressly permitted by the written authorization of the person to whom it pertains or is otherwise permitted by law. A general authorization for the release of medical or other information is not sufficient for this purpose.

**Scheduling: 717-291-1016**

**Fax: 717-291-4683**

**Toll free: 888-MRI-1377 Web address: [www.mrigroup.com](http://www.mrigroup.com)**

950 Octorara Trail  
Parkesburg, Pennsylvania 19365

730 Eden Road  
Lancaster, Pennsylvania 17601

424 Cloverleaf Road  
Elizabethtown, Pennsylvania 17022

560 North Lime Street  
Lancaster, Pennsylvania 17602

51 Peters Road  
Lititz, Pennsylvania 17543

2104 Harrisburg Pike  
Lancaster, Pennsylvania 17604

540 North Duke Street  
Lancaster, Pennsylvania 17602