

**AUTHORIZATION TO USE OR DISCLOSE  
INDIVIDUAL'S PROTECTED HEALTH INFORMATION**

I, \_\_\_\_\_, authorize hereby authorize the Bishop of the Roman Catholic Diocese of Buffalo and the Bishop's authorized designee to obtain and be provided copies of, to review, and to inspect any and all protected records, whether now in existence or which may be in the future, while I am being considered for, and later participating as, a parish pastoral administrator for the Diocese of Buffalo, 795 Main Street, Buffalo, New York 14203 the following information: records concerning any psychological inventories or psychological assessment conducted by a medical provider including but not limited to the Diocesan Counseling Center; Profile in Ministry conducted by Diocesan or Christ the King Seminary personnel; and records relating to diagnosis, treatment and/or care for my medical condition.

In accordance with GINA, genetic information should not be provided in response to this request.

I understand that I have the right to revoke this authorization at any time. I understand that I must do so in writing and present my written revocation to the Diocese of Buffalo. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance upon my authorization.

I understand that once the information is disclosed pursuant to this authorization, it may be re-disclosed by the recipient and the information may not be protected by federal privacy regulations.

I have received a copy of this authorization for my personal record.

I, \_\_\_\_\_ [insert name of individual] have had a full opportunity to read and consider the contents of this authorization. I understand that, by signing this authorization, I am confirming my consent for the use and/or disclosure of the protected health information as described in this form.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

State of New York :  
County of Erie : ss.

On the \_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_, before me, the undersigned, a Notary Public in and for said state, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument, and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, the individual or the person upon behalf of whom the individual acted, executed the instrument.

\_\_\_\_\_  
Notary Public