GASTROENTEROLOGY ASSOCIATES

OF NORTH JERSEY, P.A.

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Tel (973) 627-7600 Fax (973) 627-7610

AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION

_____ _____
Printed Name of Patient Previous Names, if applicable

_____ _____
Street Address Date of Birth

_____ _____
City, State, Zip Code Daytime Telephone Number

INFORMATION TO BE RELEASED FROM:

Provider Name/Organizion_____Phone #_____

Address_____Fax #_____

PROVIDE INFORMATION TO (please be specific):

Name_____

Address_____

Phone #_____ Fax #_____

PURPOSE OF DISCLOSURE:

☐ Continuing Care ☐ At the request of the patient ☐ Other_____(must complete)

INFORMATION TO BE DISCLOSED (please circle below):

Dates of Service_____

Abstract
Emergency Services Report
AIDS/HIV
Substance Abuse Records
Mental Health Records
Center of Mental Health/Oral Communications
Other (please specify):_____

If the patient is unable to sign, please indicate such and the authority to act of the person who is signing for this patient. This form may be revoked at any time, providing the information has not already been disclosed. A written notice of revocation will be provided to us. We will not condition treatment on the completion of the authorization. Also, please be aware that once we disclose this information per your instructions, the information is subject to redisclosure and may no longer be protected by the HIPPA Act of 1996.

This authorization is valid for (circle one): 30 days 60 days 90 days 120 days 180 days Other_____

_____ _____ _____
Signature of Patient Signature of Patient Representative Relationship to Patient

_____ _____
Witness Date

TO BE COMPLETED BY GASTROENTEROLOGY ASSOCIATES

Request Processed (circle one): YES NO _____
Name of person releasing information

This information has been disclosed to you from records whose confidentiality is protected by Federal Law 42 CFR. Federal Regulations prohibit you from making any further disclosure of this information without specific written consent of the person to whom it pertains, or as otherwise is permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal Rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.