

GASTROENTEROLOGY ASSOCIATES

OF NORTH JERSEY, P.A.

369 West Blackwell Street, Dover, NJ 07801
Tel (973) 361-7660 Fax (973) 361-0455

16 Pocono Road, Suite 210, Denville, NJ 07834
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/Organization _____

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 _____

Operative Reports

Pathology Results

Laboratory Results

Radiology/Imaging Reports

Consultation Notes

Progress Notes

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.