

**AUTHORIZATION TO RELEASE OR OBTAIN  
MEDICAL RECORD INFORMATION**

The following information is required to locate the requested records:

**PATIENT'S NAME:** \_\_\_\_\_

**PATIENT'S ADDRESS:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

Release Information TO

Receive Information FROM

This will authorize **Psychiatric Arts of New Jersey LLC** to release information to  
or receive information from:

\_\_\_\_\_  
(name of family or staff contact and facility)

The confidential information specified below:

all records    medication log    diagnosis code    psychiatric evaluation

progress notes (specify dates: \_\_\_\_\_)    other (\_\_\_\_\_)

The specific purpose for disclosure is as follows: \_\_\_\_\_

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian/or Authorized

\_\_\_\_\_  
Witness Signature Representative

**When asked to provide a signature, you have the option of:** [1] typing your name, [2] uploading an image of your signature, or [3] signing with your computer mouse.

**NOTICE TO RECIPIENT OF INFORMATION**

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2); the federal rules prohibit you from making any further disclosure of this information unless disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. 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.

A reproduction of this authorization form shall be considered as the original. I understand that by law, I do not have to release this information. However, I choose to do so voluntarily for the purpose specified above. I further understand that I may cancel this authorization for release of information at anytime unless the information has already been sent. Permission to release the above information will expire in one year.