



New Perspectives Health Care, LLC
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RELEASE OF MEDICAL RECORDS: In Bound
Authorization for Use and Disclosure of Health Information

Patient Name: _____ DOB _____ SSN _____

By signing this form I hereby authorize:

(Name and Address of Person/Organization in possession of my medical information)

To disclose the health information described below to:

[New Perspectives Health Care at 13A Main Street, Suite 7, Sparta, NJ 07871](#)

Please fax the following information to: f)973.726.0255

Check all appropriate lines:

- All Medical Records. Dates from _____ to _____
- Health Information for the following Dates only: _____
- Most recent 2 years of pertinent information (notes, radiology, labs, etc): Dates: _____
- Other specified: _____

Purpose for Which the Disclosure is being made: (Please check one)

- Attorney
- Insurance
- Doctor
- Personal

Patient Authorization:

I understand that my records may contain information regarding the diagnosis or treatment of HIV/AIDS, sexually transmitted diseases, drug and/or alcohol abuse, mental illness or psychiatric treatment. I give my specific authorization for these records to be released.

Excludethe following information from the records released (please initial)

- Drug/Alcohol Abuse/treatment & diagnosis
- Sexually Transmitted Diseases
- HIV/AIDS diagnosis/treatment/testing
- Mental Illness or psychiatric diagnosis/treatment

My Rights

I understand I do not have to sign this authorization in order to obtain health care benefits (treatment, payment or enrollment). I may revoke this authorization in writing. To view the process for revoking this authorization, please read the Privacy Notice to patients available at the facility where your information is being released. I understand that once the health information I have authorized to be disclosed reaches the noted recipient, that person or organization may re-disclose it, at which time it may no longer be protected under Privacy Laws.

Patient/Guardian/or Authorized Rep Signature Printed name Date

This authorization will expire in 90 days unless other date is given. Expires on: _____ (date or event, can state 'none').

02.01.2011