SeretisCare Family Practice

The Health Center at Beckett 499 Beckett Road, Suite 201-B Logan Township, NJ 08085
P: (856) 467-6400 F: (856) 467-1033

Authorization to Release Medical Records:

Patient Information:

Name (print) DOB SSN

_____ _____ _____

Information to be released from:

Name of facility or provider _____

Phone # _____ Fax # _____

Information to be released to:

SeretisCare Family Practice
499 Beckett Road Suite 201
Logan Township NJ 08085
(856) 467-6400 (phone)
(856) 467-1033 (fax)

Information to be releases (check one)

_____ The most recent 2 years of pertinent information (chart notes, labs, x-rays and special tests)

_____ All medical records

_____ Specific information (please specify): _____

Purpose for which the disclosure is being made: (please check one)

_____ Doctor _____ Insurance _____ Attorney _____ Personal

Patient Authorization:

I understand that my records my 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.

*EXCLUDE the following information from the records released (please initial)

_____ Drug/alcohol abuse/treatment & diagnosis _____ Sexually transmitted disease

_____ 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 posted at the facility where your information 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.

Signature: _____ Date _____

This authorization will expire 90 days from the date signed