



IMMEDIATE CARE PSYCHIATRIC CENTER

28-A HILL ROAD PARSIPPANY, NJ 07054 TEL: (973) 335-9909 FAX: (973) 335-9910

AUTHORIZATION FOR DISCLOSURE/RELEASE OF HEALTH INFORMATION

INFORMED CONSENT

I, _____, (if under 14) Legal Guardian for _____ (soc.sec.# _____) _____ (birthdate _____) authorize:

1. Immediate Care Psychiatric Center to disclose the following information to _____.
2. _____ to disclose the following information to Immediate Care Psychiatric Center.

INFORMATION TO BE DISCLOSED

- Information is dated from _____ to _____.
- Information may include drug and alcohol abuse, and/or contagious disease documentation, if applicable.
- Information to be disclosed (circle any that apply):
 - a) Medical & psychiatric history/current assessments,
 - b) Problem list and treatment plan,
 - c) Clinical record
 - d) Medication information,
 - e) Medical and/or clinical test reports(specify) _____
 - f) Discharge summary
 - g) Other - _____

PURPOSE OF DISCLOSURE(must describe)

I understand:

- My decision to release any information is voluntary.
- I may revoke this consent at any time by presenting my written revocation to ICPC staff before information is released.
- That revocation does not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy.
- That, unless revoked or I specify a specific expiration date (specify _____), this authorization will expire in 3 months.
- That I may inspect or copy the information disclosed, unless clinically contraindicated as per CFR 164.524.
- That any disclosure carries with it the potential for an unauthorized re-disclosure and that such information may not be protected by federal confidentiality rules.

Signatures: Patient's legal guardian

Date

Patient age 14years or older

Date

Witness

Date

Note to recipient of this information: This information has been disclosed to you from records whose confidentiality is protected by Federal and State Law. Federal and State regulations prohibit you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. Anyone who receives information covered by these regulations, whether obtained legally or not, is prohibited from using the information for any criminal or civil investigation, or prosecution of the patient. (Federal Regulation 42CFR part2;N.J.S.A. 26:5C-11)(N.J.A.C. 10:37-6.79(a)3).