



**IMMEDIATE CARE PSYCHIATRIC CENTER**

22-28 Hill Road Parsippany, NJ 07054

Tele: (973) 335-9909

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**AUTHORIZATION TO RELEASE MEDICAL RECORDS**

**INFORMED CONSENT:**

I, \_\_\_\_\_, (if under 14) Legal Guardian for \_\_\_\_\_  
(dob: \_\_\_\_\_) 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:**

1. Information dated from: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
2. Information may include drug and alcohol abuse, and or contagious disease documentation, if applicable.
3. Information to be disclosed (please circle any that apply) :
  - a) Medical & Psychiatric history / current assessments
  - b) Diagnosis List & Treatment Plan
  - c) Clinical Record
  - d) Medication Information
  - e) Medical and / or clinical test results (specify) \_\_\_\_\_
  - f) Discharge Summaries
  - g) Other - \_\_\_\_\_

**Purpose of Request:**

\_\_\_\_\_  
\_\_\_\_\_

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 contradicted as per CFR164.524
- That any disclosure carries with potential for an unauthorized re-disclosure and that such information may not be protected by federal confidentiality rules.
- Records request can take up to 30 days to process
- Paper records may be assessed a copying fee

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** 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: SC-11)(N.J.A.C 10:37-6.79(a)3)