ADVANCED CARE OB/GYN

____ **707 WHITE HORSE PIKE**
SUITE D4
ABSECON, NJ 08201
609-272-0506 OFFICE
609-272-0607 FAX

____ **2106 NEW ROAD**
SUITE D10
LINWOOD, NJ 08221
609-927-2244 OFFICE
609-927-2242 FAX

INFORMED AUTHORIZATION AND CONSENT FOR RELEASE OF MEDICAL RECORDS

I hereby authorize Advanced Care (Dr. Carfagno) to:____ RELEASE ____ OBTAIN

The medical records of: _____ DOB: _____

Address:_____

Phone: _____ SSN #: _____

_____ RELEASE TO: _____ OBTAIN FROM:

_____ _____
_____ _____
_____ _____

For the purpose of: _____ Referral to Specialist _____ Change of Doctor
_____ Insurance _____Work Comp _____ Disability Info _____Continuing Care
_____ Legal Investigation _____Personal File

Please indicate what specifically is to be released:

_____ Entire medical record _____ Mammography _____ Laboratory Tests
_____ Discharge Summary _____ Operative Rpt _____ Pathology
_____ Other (please specify): _____

I understand that these medical records may or may not contain information pertaining to psychiatric counseling or testing, alcohol or drug abuse counseling or testing and/or HIV/ARC testing. I do expressly and voluntarily authorize the disclosure of the said medical records to the person(s) and/or entity(ies) as stated above. This authorization/consent will remain in effect for a period of one (1) year from the date states below unless revoked in writing by the person to which it pertains (or his/her parent, legal guardian or legally authorized agent), to the medical records department. These medical records are being disclosed under the provisions of the applicable New Jersey State and Federal Law. Please note that there may be a charge incurred with releasing these records.

NOTE: There will be a charge for copies for the transfer of your records. The charge of $1.00 per page with a minimum of $10.00 and a maximum of $100.00, plus postage if applicable, in compliance with guidelines set forth by the NJ Administrative Code title 13:35-6.5.4

_____ _____
Patient, Parent, Legal Guardian or Legally Authorized Agent — Date

_____
Witness