

Robert Bleicher, MD
Steven David, MD
Joseph Zangara, MD
Bonnie Cheng, MD
Jon Stillman, MD
Ravi Ramamoorthy, MD

North Jersey Gastroenterology and Endoscopy
Associates
1825 Route 23 S.
Wayne, New Jersey 07470
Telephone: 973.633.1484
Fax: 973.633.7980
Email: www.njgastro.com

Lisa Lamberti, NP
Gail Bergin, NP
Heather Schoenberger, PA

Authorization for Release of Patient Records and Information

_____ requests and authorizes _____ to release all of my protected medical records that you have on file. This information is being released for medical reasons at my request. There is no expiration for this authorization.

Please release my records to:

North Jersey Gastroenterology and Endoscopy Associates
1825 Route 23 S.
Wayne, NJ 07470

I understand that I may revoke this authorization at a time by notifying the Privacy Officer at North Jersey Gastroenterology and Endoscopy Associates in writing. I also understand that my revocation will not be valid with respect to any action already taken in reliance upon this authorization.

I also understand that the information which is disclosed pursuant to this authorization may be re-disclosed by the recipient and no longer be protected by State or Federal law.

If it is determined by this office that your records are protected by Federal or State laws or regulations concerning confidentiality of alcohol and drug abuse patient records, the diagnosis and treatment of AIDS, HIV infection or HIV related illness, the following note will be attached to the information sent to the recipient.

Note to recipient of information: *This information has been disclosed to you from records protected by Federal or State confidentiality rules (42 CFR; 2.1 et seq; NJSA 26:5c-1 et seq). Federal or state rules prohibit you from making further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by the above sections. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal or State rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.*

Signature of patient or patient's representative

Date

Printed name of patient or patient's representative

Relationship the patient

Patient's date of birth

Witnessed to signature