

Alexander Road Associates
707 Alexander Rd.
Bldg. 2, Suite 202
Princeton, NJ 08540
Phone (609) 419-0400
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RELEASE OF INFORMATION FORM

I _____ hereby authorize _____ and Alexander Road Associates to disclose information to the following persons and or to receive information from the following persons regarding patient:

Name: _____ Date of Birth _____

Purpose of Disclosure:

Information and/or records are to be released to or from the following:

(Cross out any not applicable)

Family Physician/Pediatrician: Dr.

Group Name and Address:

_____ Phone # ()

School: Name and Address:

_____ Phone # ()

Therapist: Name and Address:

_____ Phone # ()

Other: Name and Address:

_____ Phone # ()

(Patients Signature)

(Date of Signature)

(Witness)

(Signature of Responsible Party {when applicable})

To the recipient:

This information has been disclosed to you from records whose confidentiality is protected by state & federal law. New Jersey and federal law prohibits you from making further disclosure of this information, unless further disclosure is expressly authorized by written consent of the persons to whom it pertains. A general authorization for release of medical or other information is not sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute and alcohol or drug abuse patient. This consent is subject to revocation at any time except to the extent that action has been taken in reliance thereon, and will expire one year from the date of signature.