Alexander Road Associates

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RELEASE OF PSYCHIATRIC / MEDICAL and/or ALCOHOL / DRUG ABUSE RECORDS FORM

I _____ hereby authorize Alexander Road Associates (ARA) to:
Disclose and receive medical records and information to the following individuals and organizations regarding the following patient to ensure optimal psychiatric and medical care. This authorization may be revoked at any time by sending written notice to the office manager at the above address, except to the extent that ARA has already taken action in reliance on it. If not previously revoked, this authorization will automatically expire at the termination of treatment at ARA. I understand that I may refuse consent. The patient must sign below if they are age 14 or older. The parent/guardian must sign if the patient is 17 or younger. Both parent/guardian and patient must sign if the patient is 14 to 17 years old.

Patient

Name: Date of Birth:
Contact number: Email:

Family Physician/Pediatrician

Person/Organization and Address:

Phone # Fax #

School

Person/Organization and Address:

Phone # Fax #

Therapist

Person/Organization and Address:

Phone # ( ) Fax # ( )

Other

Person/Organization and Address:

Phone # ( ) Fax # ( )

(Patient Signature if age 14 or Older)

(Signature of Responsible Party {if patient is under 18})

(Date)

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 prohibit you from making further disclosure of this information, unless further disclosure if 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 an 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. Rev. 03/19