



# HEALTH CONSULTANTS OF NORTH JERSEY

516 Hamburg Turnpike Suite 5 Wayne, New Jersey 07470

Phone: (973) 925-7770 Fax: (973) 925-7772

Omar Nabulsi, MD

Jessica Chow, DO

## Authorization For Release of Medical Information

I, \_\_\_\_\_ authorize the release of my medical records,

\_\_\_\_\_  
Patient's Name

\_\_\_\_\_  
Last 4 of Social Security Number

\_\_\_\_\_  
Date of Birth

**RECORDS FROM:**

**RECORDS TO:**

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

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

**Fax #:** \_\_\_\_\_

**Fax #:** \_\_\_\_\_

**Dates of Treatment:** \_\_\_\_\_

**RECORDS AUTHORIZED TO BE RELEASED:**

- |  |   |
|--|---|
| <input type="checkbox"/> Admission history and physical  | <input type="checkbox"/> Lab reports  |
| <input type="checkbox"/> Discharge summary   | <input type="checkbox"/> Radiological images  |
| <input type="checkbox"/> Complete hospital chart   | <input type="checkbox"/> Consultation notes or reports                                  |
| <input type="checkbox"/> Office notes  | <input type="checkbox"/> Complaints or grievances filed, with responses or dispositions |
| <input type="checkbox"/> Outpatient records  |   |
| <input type="checkbox"/> Psychiatric and other mental health records   |   |
| <input type="checkbox"/> Records relating to drug or alcohol abuse (must specify the extent or nature of the records to be released)   |   |
| <input type="checkbox"/> Medication administration logs, dietary logs, staff contact or service logs, and other records that may not be part of my individual medical record, but which contain information relating to me (These records should be redacted to protect information pertaining to other patients.) |   |
| <input type="checkbox"/> Other (specify):  |   |

Extent or nature of records to be released:  
(example, specific hospitalization or visit)

I u  
release all or part of the record indicated above. I also understand that, on occasion, information may be released electronically, via telephone and/or fax.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date