

JMD Family Practice
2 Kings Court
Suite 203
Flemington, NJ 08822
Phone: 908.751.5439 / Fax: 908.751.5478

Authorization for Verbal Release of Protected Health Information

Patient Name: _____ Date of Birth: _____

Telephone numbers where we can leave a message:

Cell: _____ Home: _____ Work: _____

May we mail results to your home address on file? Yes _____ No _____

I, _____ give my permission to JMD Family Practice to release my protected health information, including but not limited to: appointment dates/times, insurance, address, phone numbers, test results, financial information, and treatment information to the following:

Name of Person: _____ Relationship to Patient: _____

Information Exceptions: _____

I understand that:

- I may revoke this authorization in writing at any time. My revocation will not apply to information already retained, used or disclosed in response to this authorization. Unless revoked, the automatic expiration date will be 12 months from the date of the signature.
- Unless the purpose of this authorization is to determine payment of claims or benefits, the provision of treatment or payment for care may not be conditioned upon my signing this authorization.
- Information authorized for verbal release may include protected health information related to mental health.
- Category of medical information is protected by Federal Confidentiality Rules (42 CFR Part 2). The federal rules prohibit anyone receiving this information from making further release unless further release is permitted by the written authorization of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the 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 any alcohol or drug abuse patient. As a result, by signing below I specifically authorize any such records included in my health information to be released.

Patient Signature: _____ Date: _____