RUTGERS
UNIVERSITY | NEW BRUNSWICK

Rutgers Student Affairs
Student Health
Rutgers University–New Brunswick

Medical	Telephone: 848-932-7402	Fax: 732-932-8255
Counseling	Telephone: 848-932-7884	Fax: 732-932-8278
ADAP	Telephone: 848-932-7884	Fax: 732-932-8278
Psychiatry	Telephone: 848-932-7884	Fax: 732-932-8278

AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION

1. I hereby give permission to:

   □ Counseling, Alcohol and Other Drug Assistance Programs, and Psychiatric Services (CAPS)
   □ Medical Services
   □ Provider/Counselor
   □ Other_____

2. To disclose the health information of:

   Patient/Client _____ Date of Birth _____
   First MI Last
   Other ID _____
   Address _____ City/State _____
   _____ Zip Code _____
   Patient/Client Email_____ Patient/Client Mobile Phone _____

3. Release, obtain, or discuss health information:
   □ Release information to
   □ Obtain information from
   □ Discuss information on an ongoing basis with

4. Person or organization that information/records are to be released to or obtained from, including Name, Address, Phone, and Fax (if applicable):

   Name _____ Telephone _____
   Address _____ City/State _____
   _____ Zip Code _____
   Telephone _____ Fax _____

5. Purpose of disclosure:
   □ Further health care □ Verification of attendance □ Further mental health evaluation/treatment
   □ Legal investigation □ Payment of insurance claim □ Planning and/or coordination of ongoing care
   □ Personal use □ Academic accommodations
   □ Other _____

6. Type of Service/Record (Medical)
   Health Centers:
   □ Busch-Livingston Health Center
   110 Hospital Rd., Piscataway, NJ, 08854
   Telephone: 848-445-3250
   Fax: 732-445-3724
   □ Hurtado Health Center
   11 Bishop Place, New Brunswick, NJ 08901
   Telephone: 848-932-7402
   Fax: 732-932-8255
   □ Willets Health Center
   11 Suydam St., New Brunswick, NJ 08901
   Telephone: 732-932-9805
   Fax: 732-932-1465

INFORMATION TO BE DISCLOSED

Please check the appropriate sections of the health record to be released (check all that apply):

□ Records only related to the following date(s) of service_____

□ Medical Clinic Note(s)
□ Pathology Reports
□ Lab Reports
□ Consultant Reports
□ Most Recent Gynecological Exam/Pap smear
□ Social Service/Government Employment Information
□ Radiology Reports
□ Billing Records
□ Immunizations
□ Pharmacy Records
□ Record of attendance at appointments
□ Sexual Assault information
□ Records which may indicate the results of genetic testing or discussion_____(initial)
□ Records which may indicate the presence of a communicable disease which may include, but are not limited to, diseases such as hepatitis, syphilis, gonorrhea and HIV/AIDS treatment, testing, or discussion_____(initial).

*******Please note that an authorization for the release of **all Medical Clinic Notes** may disclose sensitive information about your **mental health, drug or alcohol use, episodes of domestic violence or sexual assault, and history or treatment for Sexually Transmitted Infections.**

7. Type of Service/Record (CAPS)
   CAPS Facility/ Unit:

□ Counseling & Psychological Services
17 Senior St. & 61 Nichol Ave
New Brunswick, NJ 08901
(848) 932-7884

□ Psychiatric Services, Counseling Center
17 Senior St.
New Brunswick, NJ 08901
(848) 932-7884

□ ADAP (Alcohol Drug Assistance Program for Students)
CAPS Center
17 Senior St.
New Brunswick, NJ 08901
(848) 932-7884

INFORMATION TO BE DISCLOSED

Please check the appropriate sections of the health record to be released (check all that apply):

□ Attendance Confirmation on the Following Date(s): _____

□ Intake Assessment – Written Summary Psychiatric

□ Psychological Counseling Evaluation/ Therapy – Written Summary

□ Alcohol/ Drug Information – Written Summary

□ Verbal Summary Information

□ Other: _____

□ Evaluation/ Treatment/ Treatment Planning – Written Summary

□ Termination Summary

□ Sexual Assault Information

8. Special Instructions about Information Released:

_____

_____

_____

_____

_____

I understand that my medical records are protected under N.J. regulations applicable to physicians and other health care professionals. I also understand that my records are protected under the Federal Protected Health Information regulations. I have the right to review my medical records except in specific limited circumstances, and to request amendments where appropriate. My health information may be subject to re-disclosure and not protected by Federal or State Statutes in the occurrence of a medical emergency, reporting of communicable disease as required under NJ Public Health statutes, disclosure in response to a subpoenas duce tenem or court order, or required disclosure to a government agency. Specific information to be disclosed in my medical record may include information regarding drug or alcohol use, counseling referrals, and/or a history of testing or treatment of acquired immune deficiency syndrome (AIDS) or related conditions. There may be a fee as permitted under NJAC for copying medical records. I understand that I may revoke this authorization at any time by notifying Rutgers Health Services (RHS) in writing, except that revocation will not cancel any action taken by RHS upon the original Authorization for Release of PHI.

I understand that this information, regarding the ADAPS treatment record, has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal Regulation [42 CFR, Part 2] prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. 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 the patient.

►Patient Signature _____ **Date** _____
(Signature Required)

►Witness Signature _____ **Date** _____
(Signature Required)

9. Records Release Completion
   □ Records copied and faxed as requested
   □ Records copied and mailed as requested
   □ Records copied and given as requested to person(s) indicated above
   □ Other _____