

Monroe Family Medicine  
323 Spotswood Englishtown Road  
Monroe Township, NJ 08831  
732-723-1000 Fax: 732-416-0470

AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION

I authorize my physician and/or administrative and clinical staff to disclose the following health information to:

☐ Myself Only  
☐ My spouse, significant other or parent (specify name) \_\_\_\_\_  
☐ Other (specify name) \_\_\_\_\_

Information to be disclosed:

☐ Lab results                      ☐ Immunizations                      ☐ X-Ray results  
☐ Dates of Service                      ☐ Diagnosis                      ☐ Medications  
☐ Other (specify) \_\_\_\_\_

This protected health information is being used or disclosed for the following purposes:

☐ At the request of myself                      ☐ Other (specify) \_\_\_\_\_

I would like to be contacted at my:

☐ Home phone: \_\_\_\_\_ ☐ Cell phone: \_\_\_\_\_  
☐ Work phone: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

Regarding the office staff or physician leaving information or confirming appointments on my answering machine, voice mail or with my answering service:

☐ Yes, I give my permission for medical information to be left on my answering system.  
☐ No, I do not want messages or medical information left on my answering system.

This authorization shall be in force and effect until revoked at which time this authorization expires.

I understand that I have the right to revoke this authorization in writing at any time by sending a written notification to the Privacy Officer at the above address. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by the Federal HIPPA Privacy Rule or State Law.

\_\_\_\_\_  
Signature of patient or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of patient or Personal Representative

\_\_\_\_\_  
Date

Note: if this form is not on file or the patient refuses to sign this authorization, then IMA Medical Care cannot use or disclose PHI for purposes outside TPO.