

I

_____, or my authorized representative, request that information regarding my medical diagnosis, care and treatment be released as set forth on this form. In accordance with the Health Insurance Portability and Accountability Act of 1996, as codified at 42 U.S.C. §1320d et seq. ("HIPAA") and the Health Insurance Technology for Economic and Clinical Health Act of 2009 ("HITECH") and other applicable state and federal privacy laws, I hereby authorize the providers listed below, and the employees, contractors, and other staff of those providers:

Provider's First and Last Name:	Location (City, State):	Telephone:

to release to Rutgers Cancer Institute of New Jersey, for purposes related to my health care.

Patient Name: _____ Date of Birth (mm/dd/yyyy): _____

This authorization shall be effective immediately and stay in effect until I am no longer a patient of Rutgers Cancer Institute or its health care providers. The authorization includes permission to release information related to the treatment of any psychiatric problems, drug abuse, alcoholism, AIDS, or tests for infection with the human immunodeficiency virus (HIV). I understand that I can revoke this authorization at any time, except with regard to disclosures already made by Rutgers Cancer Institute prior to the revocation. I understand that any personal health information or other information released to the person or organization identified above may be subject to re-disclosure by such person/organization and may no longer be protected by applicable federal and state privacy laws. I make this authorization freely and voluntarily and understand that I may refuse to sign it.

Patient Name Date

Print Name Relationship to Patient (if Representative)

By signing this form as the patient's Representative, I represent that I am the legal representative of the Patient identified above and will provide written proof (e.g., Power of Attorney, living will, guardianship papers, etc.) that I am legally authorized to act on the Member's behalf with respect to this authorization form.

