



1199 Pleasant Valley Way
West Orange, NJ 07052

AUTHORIZATION FOR RELEASE OF INFORMATION

I do hereby consent to and authorize (name of institution or doctor releasing medical record) disclose to the person(s) or entity(ies) named below information from my hospital and/or medical records relating to my participation in the research protocol described below at Kessler Foundation. This release is limited to reports in my hospital and/or research record concerning the aforementioned research protocol. I understand that this consent shall operate as a complete release of liability to Kessler Foundation and its employees for the release of information as specified below.

NAME OF RESEARCH PROTOCOL (IRB #): _____

NAME OF PRINCIPAL INVESTIGATOR: *(Please Print Clearly)* _____

DATE OF ENTRY INTO RESEARCH PROTOCOL: _____

DATE RANGE: FROM: _____ **TO:** _____

SUBJECT Name (printed): _____

SUBJECT Tel. No.: *(Include Area Code)* _____ **SUBJECT Date of Birth:** *MM/DD/YYYY* _____

SUBJECT ADDRESS: *(Include Zip Code)* _____

RELEASED TO

RECIPIENT NAME: _____ **(Signature of Recipient)**

TELEPHONE: *(Include Area Code)* _____

ADDRESS: *(Include Zip Code)* _____

I have read and understand the terms of this Authorization and I have had an opportunity to ask questions about the use and disclosure of my health information. I hereby knowingly and voluntarily authorize the institution above to use or disclose my health information in the manner described above.

Subject Signature

Date

Signature of Witness

Date

If individual is a minor or is otherwise unable to sign this Authorization, please complete the information below:

Signature of authorized Legal
Guardian, Health Care Agent or
other authorized Personal Representative

Relationship

Signature of Witness

Date

NOTICE TO RECIPIENT OF INFORMATION

Each disclosure made with the subject's written consent must be accompanied by the written statement reproduced below: This information has been disclosed to you from records protected by federal confidentiality rules. 42 C.F.R. Part 2. The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent from the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for 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 subject.