



BRUNSWICK
INTERNAL
MEDICINE

BRUNSWICK INTERNAL MEDICINE GROUP PC

Authorization to Release Healthcare Information

Patient Name: _____

Date of Birth: _____

Information to be released by:

Organization: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (__) ____ - _____

Fax: (__) ____ - _____

Information to be released to:

Organization: BRUNSWICK INTERNAL MEDICINE GROUP PC

Name: Inderjit Singh Kainth, M.D.

Address: 17 Bridge Street, Building B
Metuchen, NJ 08840

Phone: (732) 321-1600

Fax: (732) 321-1699

This request and authorization applies to:

All healthcare information

Only information relating to the following treatment, condition, or dates of treatment:

Specify treatment or condition: _____

Dates of treatment: _____

I understand that this authorization, unless expressly limited by me in writing, will extend to all aspects of treatment including testing and/or diagnosis for HIV/AIDS, sexually transmitted diseases, psychiatric disorders/mental health, or drug and/or alcohol use. If I have been tested, diagnosed, or treated for any of the above, you are specifically authorized to release all healthcare information relating to such diagnosis, testing, or treatment. My ability to obtain medical care is not conditioned upon signing this authorization. I hereby release Brunswick Internal Medicine Group and its staff from all legal responsibility or liability that may arise from the release of the above mentioned information. I understand that my records are protected under Federal and State confidentiality laws and regulations and cannot be disclosed without my written consent unless otherwise provided for in said laws and regulations. I understand that once Brunswick Internal Medicine Group releases health information, the person or organization that receives it may re-disclose it, at which time it may no longer be protected under privacy laws. I may revoke this authorization, in writing.

By my signature, I authorize release of my medical records:

Patient (or representative): _____