J&T Behavioral Health and
Counseling Services

700 Liberty Place
Sicklerville, NJ 08081
Tel: 856-776-7540
Fax: 856-776-7512

Authorization for Release of Records

Patient Name: _____
Date of Birth (DOB): _____
SS#: _____
Date: _____

I, _____, hereby authorize J&T Behavioral Health and Counseling Services to transfer, release, or discuss the following information:

Please Check Specific Information Requested

☐ Mental Health History
☐ Substance Abuse History
☐ Medical History
☐ Service History
☐ Other (specify): _____
☐ All of the Above Information

Disclosure Information

This information is to be released to: _____

The purpose/need for such disclosure is: _____

Authorization Terms

I understand that this authorization may be revoked at any time by giving oral or written notice to J&T Behavioral Health and Counseling Services. A photocopy of this authorization shall constitute a valid authorization.

I understand that once my records have been discussed, J&T Behavioral Health and Counseling Services cannot retrieve them and has no control over the use of already released information.

I hereby release J&T Behavioral Health and Counseling Services from any and all liability which may arise as a result of my authorized release of records.

Should my case require review by a governing agency or another medical professional actively involved in my care to make a final determination, it is with my consent that a copy of these records will be submitted for review.

My signature below is proof that I have read and understand the nature of this authorization. I am aware that any of the above information may be released via verbal communication, written documents, and/or fax. I understand that this authorization is **voluntary** and **not a condition for treatment**.

Signatures

Patient/Responsible Party Signature: _____
Date: _____

Witness: _____

Notice

NOTICE: The information has been disclosed to you from records whose confidentiality has been protected by federal and state law. You are prohibited from making further disclosures of such information without specific consent of the person to whom such information pertains or as otherwise permitted by state law.