

**Deborah Drumm, APN, BC**  
**Advanced Behavioral Counseling of Northern NJ, LLC**  
55 Newton-Sparta Road, Suite 104, Newton, NJ 07860 (973) 579-9394 Fax: (973)579-9392

**AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION**

\_\_\_\_\_  
Printed Name of Patient

\_\_\_\_\_  
Previous names, if applicable

\_\_\_\_\_  
Daytime Telephone Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_ **TO BE RELEASED FROM: Deborah Drumm 55-Newton-Sparta Rd, Suite 104, Newton, NJ 07860**

\_\_\_\_\_ **TO BE RELEASED TO: Deborah Drumm 55-Newton-Sparta Rd, Suite 104, Newton, NJ 07860**

Provider Name/Organization: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

**PROVIDE INFORMATION TO:** (Please be specific)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

PURPOSE OF DISCLOSURE: \_\_\_\_\_ Continuing Care \_\_\_\_\_ At the Request of the Patient \_\_\_\_\_ other: \_\_\_\_\_ (must complete)

**INFORMATION TO BE DISCLOSED:**

Dates of Service: \_\_\_\_\_

_____ Abstract	_____ Mental Health Records
_____ Emergency Services Report	_____ Oral Communications
_____ AIDS/HIV	_____ Other (Please Specify): _____
_____ Substance Abuse Records	_____

If the patient is unable to sign, please indicate such and the authority to act of the person who is signing for the patient. This form may be revoked at any time, providing the information has not already been disclosed. A written notice of revocation will be provided. We will not condition treatment on the completion of the authorization. Also, please be aware that once we disclose this information per your instructions, the information is subject to re-disclosure and may no longer be protected by the HIPAA Act of 1996.

This authorization is valid for \_\_\_\_\_ 120 days \_\_\_\_\_ other: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Patient)

\_\_\_\_\_  
(Signature of Patient Representative)

\_\_\_\_\_  
(Relationship to Patient)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Date)

REQUEST PROCESSED: \_\_\_\_\_ YES \_\_\_\_\_ NO

This information has been disclosed to you from records whose confidentiality is protected by Federal Law 42 CFR. Federal Regulations prohibit you from making any further disclosure of this information without specific written consent of the person to whom it pertains, or as otherwise is permitted by such regulations. A general authorization for the 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 patient.