

Impact Health LLC

4 2nd Avenue Suite 106, Denville, NJ 07834

973-263-0683

CLIENT'S NAME: _____ DATE OF BIRTH: _____

I HEREBY AUTHORIZE IMPACT HEALTH LLC TO:

- RELEASE INFORMATION TO VERBALLY EXCHANGE WITH OBTAIN INFORMATION FROM
 FACSIMILE

NAME OF AGENCY/INDIVIDUAL:

ADDRESS:

PHONE:

_____ FAX: _____

- PURPOSE OF RELEASE: COORDINATION OF CARE TRANSFER OF CARE INSURANCE
 PERSONAL USE OTHER: _____

- PLEASE CHECK SPECIFIC INFORMATION AUTHORIZED TO RELEASE/OBTAIN: Intake Summaries
 Medical Reports/Physical Exams (include diagnosis/prognosis) Social History
Psychiatric Evaluations (include diagnosis/prognosis) Treatment Plans Lab Reports
Therapy Progress Reports Progress Reports Discharge and Closing Summaries
Aftercare Plan Psychological Tests/Evaluation Reports Chemical History/Assessment
Vocational Evaluation Reports Speech OT PT Admission History and
Evaluations/Assessments School Records Court Report/Custody Studies Other, specify:

This authorization will be effective for medical/treatment records generated to the date of signature, and the release of medical records created after the date of signature until the expiration date or the release is revoked by myself in writing. I understand that, except for research-related treatment, Impact Health LLC will not condition my treatment, payment, enrollment, or eligibility for benefits on my signing this authorization. This authorization for disclosure of information has been fully explained to me and I understand it. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires within one year. The consent will last

no longer than reasonably necessary to serve the purpose for which it is given. The information disclosed is restricted to the minimum amount necessary to accomplish the intended purpose. The information used or disclosed may no longer be protected once it is used or disclosed in accordance with this authorization.

_____ Client Signature Date _____

_____ Parent/Legal Guardian Signature (if applicable) Date _____