

New Providence Internal Medicine Associates

571 Central Ave.; Suite #112
New Providence, NJ 07974
(908) 464-7300
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Paul B. Zukoff, MD, FACP
James J. Hakim, MD, FACP

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

NAME OF PATIENT: _____

DATE OF BIRTH: _____

STREET: _____

CITY, STATE, ZIP: _____

PHONE: _____

I request and authorize the release of the medical record of the above individual:

from _____
Name of doctor/practice
 to _____
Street

City, State, Zip

from New Providence Internal Medicine Associates
Paul B. Zukoff, MD, FACP
 to James J. Hakim, MD, FACP
571 Central Ave. , Suite #112
New Providence, NJ 07974

During the period of _____ to _____.

This information may include, unless crossed out by me:

- substance abuse information, information about AIDS and HIV, history and physical examination, consultations, diagnostic testing, psychiatric illness, psychosocial history, treatment recommendations.
- other: _____ .

Signature of patient (or legal representative)

Date