AUTHORIZATION TO RELEASE PROTECTED INFORMATION

Resident Name: _____

Date of Birth: _____ **Juvenile Number**_____

Person/Organization Requesting Information:
_____

_____

_____

Person/Organization Providing Information:
Juvenile Justice Commission
P.O. Box 107
Trenton, New Jersey 08625-0107

Description of Protected Information Requested (including dates): Any and all documents that refer, relate, or in any way pertain to information you may have regarding _____, including (medical/psychological, education, classification, correspondence or any other documents related to this office's examination, consultation, treatment or other services provided to _____.

Description of Reason for Disclosure: This disclosure is to assist in legal representation. I understand that if my records contain information related to the history, diagnosis and/or treatment of any psychiatric problems, mental illness, drug abuse, alcoholism, sexually transmitted or communicable disease, AIDS or test for infection with human immunodeficiency virus (HIV), that my signing this document authorizes the release of that information. I acknowledge and am aware that New Jersey has a statutory privilege accorded to confidential communications between a patient and a licensed physician or psychologist and that my signing this form waives this privilege.

You are hereby requested and authorized to furnish to _____ all documents and information (including protected information as defined above) that you may have regarding _____.
I understand that the information to be released may be re-disclosed by the recipient and no longer subject to the protection of the Federal Privacy Regulations.
I understand that this authorization is voluntary and that I may revoke it at any time by notifying the requesting person/organization in writing that I am revoking the authorization. Such actions will not affect actions taken by the requesting person/organization prior to the date they receive your written request to revoke the authorization.
I understand that I am entitled to receive a copy of this authorization.

_____ _____
Signature of Resident* or Resident's Authorized Representative Date

_____
If signature is authorized representative, indicate relationship

***PLEASE NOTE: If the juvenile is under 18 years old, the parent or guardian must sign this form.**