

AMITA TALATI, MD
Board Certified Psychiatrist

Authorization to Release and Disclose Patient Information

Patient Name: _____ DOB: _____ Phone: _____
Information: Address: _____ City: _____ State: _____ Zip: _____

Send To: Name: _____ DOB: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____

Send From: Name: _____ DOB: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____

Release of: All notes: _____ Clinical Summary: _____
Other: _____

Purpose: FollowUpCare Other _____
 Disability

- This authorization lasts for one year after the date you sign it unless you enter a different date or expiration here: _____
- This authorization may be canceled in writing at any time. A cancellation will not change releases that happen before the cancellation.
- Our office will not restrict my treatment if I choose not to sign this authorization.
- A photocopy/fax of this authorization will be treated in the same way as an original.
- Dr Amita Talati MD LLC may include records received from other organizations. If these records have been used by Dr. Amita Talati MD LLC and filed in the record Dr. Amita Talati MD LLC maintains about you, these records may be released with your Dr. Amita Talati MD LLC records.
- I understand that this release includes any health care information relating to testing, diagnosis and/or treatment for HIV (AIDS virus), sexually transmitted diseases, or drug/alcohol treatment or use.
- Dr Amita Talati MD LLC cannot prevent redisclosure of your information by the person or organization who receives your records under this authorization, and that information may not be covered by state and federal privacy protections after it is released. By signing this authorization, you release
- Dr. Amita Talati, MD LLC from any and all liability resulting from a redisclosure by the recipient.
- Your signature indicates that you have read and understand this form, and authorize release of your information as described above.

Patient/Authorized Guardian Signature: _____ Date: _____

Amita Talati MD LLC
2301 Evesham Road, Suite 108, Voorhees, New Jersey 08043
Telephone: 856-770-1300, Fax: 856-770-8331