
Aliza Feldman, Psy.D. (NJ License #5978)
1 Cattano Ave., Morristown, NJ 07960 | P: (973) 306-4280
F: (973) 538-2302

Authorization to Release and Disclose Protected Health Information

I, _____, the undersigned give permission to Aliza Feldman, Psy.D., to release, provide, and share protected health information to:

(Name/Name of Organization)

(Address)

(Phone Number)

The following information (Check all that apply):

- Complete copy of treatment records (including dates of attendance, problem history, diagnoses, prognoses, level of functioning, treatment plan and recommendations, as well as progress notes and other written records related to treatment)
- Treatment summary only (dates of attendance, diagnosis, prognosis, and level of functioning)
- Billing records and dates of service
- Other: _____ (please specify)

The information will be used/disclosed for the following purposes:

- Coordination of treatment with other providers
- Transfers/Referrals to other providers
- Billing/Insurance
- Legal
- Other: _____ (please specify)

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This authorization expires on _____, or one year from the date signed below, whichever is sooner. I understand that after this date, no more of this information can be released unless I sign a new Authorization.

I understand that I may revoke or cancel this Authorization at any time by writing a letter to Aliza Feldman, Psy.D., supplying the released information. The letter revoking this Authorization will prevent any disclosures after the date the letter is received, but cannot change the fact that some information may have already been shared before that date.

I understand that my right to receive treatment and my eligibility for benefits may be conditioned on my agreement to sign this Authorization.

I affirm that everything in this form that was not clear was explained to me, and that I now understand all of it.

(Signature of Patient or Representative)

(Date)

(Printed name of Patient or Representative)

(Date)

I, Dr. Aliza Feldman, Psy.D., have discussed the issues above with the patient or personal representative. My observations of their behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

Aliza Feldman, Psy.D. (NJ#5978)

Date