Bright Futures Community Services, Inc.
941 Whitehorse Mercerville Road, Suite 3
Hamilton Twp., NJ 08610

Authorization to Release/Obtain Protected Information

Individual Name: _____

Date of Birth: _____/_____/_____ Social Security Number: _____-_____-_____

I authorize Bright Futures Community Services, Inc. (BFCS) to (Check one or both):

❒ **Disclose Information To** ❒ **Obtain Information From**

_____ _____ _____
Organization or Individual Name **Telephone Number** **Fax Number**

_____
Street Address **City** **State** **Zip Code**

Description of Information to Be Disclosed (Initial by all that apply):

_____ My Entire Record
_____ Treatment and Services Provided
_____ Demographic Information
_____ Billing Information
_____ Minimum necessary information for benefits
_____ Other: _____

Purpose of Release:

_____ To coordinate treatment & services
_____ To obtain or continue benefits
_____ To involve family members in services
_____ Other: _____

Term/Expiration:

This authorization will expire 90 days after I discontinue services with Bright Futures Community Services, Inc. I understand that I will be given the opportunity to review the Authorization at any time upon my request. The information to be disclosed from my records is confidential and is protected by federal and state law. I understand that once BFCS releases my information to the recipient listed on this authorization, BFCS cannot guarantee that the recipient will not re-disclose my information to a third party. I understand that this authorization will remain in effect until the term of this authorization expires or I provide a written revocation to BFCS. The revocation will be effective immediately upon receipt of my written notice, except that revocation will not have any effect on any information received/transmitted prior to the revocation. I understand that if I have further questions or concerns regarding my protected information, I may contact the BFCS Chief Executive Officer or Compliance Officer at:

Bright Futures Community Services, Inc.
941 Whitehorse Mercerville Road, Suite 3, Hamilton Twp., NJ 08610
Telephone Number: (732) 570-2507 Fax Number: (732) 579-5966

I hereby authorize BFCS to release/obtain the information listed on this form for the purposes described in this authorization.

Individual Signature: _____ Date: _____

BFCS Staff Signature: _____ Date: _____

If the individual is a minor or otherwise unable to sign this authorization, then obtain the signature from the authorized representative below.

Personal Representative Signature: _____ Date: _____
Description of Personal Representative's authority to act on behalf of the individual):
_____
_____