

**Best Choice OB-GYN**

2 Lincoln Highway, Suite 511  
Edison, NJ 08820  
Tel 732-603-2122  
Fax 732-603-3566

**AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION**

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Patient's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

To: \_\_\_\_\_

Phone \_\_\_\_\_ Fax: \_\_\_\_\_

INFORMATION TO BE RELEASED: date(s) of service \_\_\_\_\_

- Consultation Notes      • Lab Reports      • Operative Records
- Other (specify) \_\_\_\_\_

RELEASE INFORMATION From/To

Best Choice OB GYN      **Fax 732 603 3566**

2 Lincoln Highway, Suite 511, Edison, NJ 08820

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TERM/AUTHORIZATION: This signed authorization must have an expiration date.  
This Authorization will no longer be valid after: \_\_\_\_\_.

FEES: (apply to photocopies provided to patients and their legally authorized representatives only;  
Other fees may apply to other requestors):

I understand that the Best Choice OB-GYN is permitted under state and federal laws to charge me for photocopies of my medical records and any applicable mailing/postage fees. I further understand that under New Jersey law, the fees are based on actual costs and may not exceed \$1.00 per page or \$100.00 per record (for the first 100 pages) and \$0.25 per page thereafter up to a maximum of \$200.00 per record. A search fee of no more than \$10) per patient per request may also be charged. If applicable, a fee for a written summary in lieu of photocopies of the original records may be obtained for: \$\_\_\_\_\_.

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date