

Premium Psychiatry Services of Central Jersey, LLC  
 Ankur Desai, MD  
 901 West Main Street  
 CentraState Ambulatory Campus  
 Suite 367 (CN505)  
 Freehold, NJ 07728

**Authorization for Release/ Receive Information**

<b>Patient Name:</b>		<b>DOB:</b>	
<b>Address:</b>		<b>Phone:</b>	

I authorize Dr. Ankur Desai to release/ receive information to/ from:

<b>Name/ Agency:</b>	
<b>Address:</b>	
<b>Phone:</b>	
<b>Fax:</b>	

I authorize to give and receive information concerning my psychiatric/ medical records and treatment to/ from the above mentioned party. This information is used for the purpose of recommendations/ continued treatment.

I understand that I have the right to revoke this authorization at any time. If I revoke this authorization, I must do so in writing and present a written revocation to Dr. Ankur Desai.

I understand that the disclosure of this health information is voluntary. I can refuse to sign this authorization. I understand that in the event that I do not sign this authorization, my doctor can still communicate, with any party involved with my treatment, to co-ordinate care in case of any emergencies or potential drug/alcohol abuse.

\_\_\_\_\_  
 Patient Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent/ Guardian Signature

\_\_\_\_\_  
 Relationship

\_\_\_\_\_  
 Witness's Signature

\_\_\_\_\_  
 Date