



Hackensack
Meridian *Health*
Occupational Health

Occupational Health Surveillance Team

2441 Highway 33, Suite B
Neptune, NJ 07753
p. 732-897-7797 f. 732-897-7796

AUTHORIZATION FOR THE RELEASE OF MEDICAL RECORDS

PLEASE PRINT

I authorize Hackensack Meridian Health Services to release information contained in the medical records of:

NAME: _____ (_____) DATE OF BIRTH: ____/____/____
(maiden)

ADDRESS: _____
(street) (city, state & zip code)

(Daytime) Phone: _____

Pertaining to: ___ INFLUENZA

The records pertain to my CURRENT employment with:

RMC JSUMC OMC BAYSHORE SOMC SRI

Other: _____

PLEASE: ___ MAIL MY RECORDS TO THE ABOVE ADDRESS
___ FAX MY RECORDS TO _____
___ EMAIL _____

SIGNATURE _____ **DATE** ____/____/____

Please note that it may take up to 30 days to receive and process any request for medical records. Additionally, any missing information will cause a delay in the copying of your medical record.

For Meridian Employees, please make a copy of your record before forwarding to a third party. The Occupational Health Department will provide the first copy of your employee health record to you free of charge. Additional requests will be charged a \$10.00 retrieval fee and a \$1.00 per page charge.

FOR OFFICE USE ONLY

Date request received ____/____/____ Date completed ____/____/____ Completed by_____