



COASTAL
UROLOGY
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RECORD RELEASE AUTHORIZATION

TO: _____

I hereby authorize and request that you release to:

The complete history and test results concerning my illness and/or treatment during the following period:

Period from _____ to _____

Name: _____ Date: _____

Address: _____

Signature: _____ DOB _____

Witness: _____

Please note that NJAC 13:35-6.5 C of the Administrative Law code allows for a physician to charge \$1.00 per page for patient's records, not to exceed \$100.00. For records in excess of 100 pages, a copying fee of no more that \$0.25 per page may be charged in excess of the first 100 pages, subject to a maximum charge of \$200.00 for the entire record. In addition to the per page cost, a search fee of no more that \$10.00 per request and a postage charge of actual cost for mailing, not to exceed \$5.00, may be charged. If the record is less than 10 pages, a physician my charge a flat fee of \$10.00 for supplying same.

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