



P.O. Box 138
Basking Ridge, NJ 07920
Phone: (908) 221-0801 Fax: (908) 221-9169

RELEASE OF INFORMATION

Participant: _____ Date: _____ DDD# _____
(if applicable)

I authorize (name of individual, agency or organization): Bethel Ridge Corp. to obtain
 release exchange information with (name of individual, agency or organization):

The following specific information:

- Medical diagnostic and treatment records
- Psychiatric diagnostic and treatment records
- Employment history, job application, resume, and work restrictions
- Rehabilitation plan and treatment records
- Other (specify) _____

the purpose or need for disclosure is:

- Coordination of services
- Job development and monitoring
- Other (specify) _____

I understand that I have the right to inspect and receive a copy of the material to be disclosed as required under NJ State Regulations. Bethel Ridge Corp. is only releases records generated by Bethel Ridge Corp.

Further, I understand that this release of information may be revoked at any time and/or may be amended by written notice to Bethel Ridge Corp. I understand that information released prior to any revocation cannot be retrieved.

Photo Release: I either for myself or on behalf of my family member or supported individual with a disability, hereby grant or do not grant permission for photographs to be taken and used in publicity or brochures relating to Bethel Ridge, and/or the programs for which I participate in or reside in.

This authorization will be valid until: _____

I would like a copy of this signed authorization Yes No Copy Sent (date) _____

Participant _____ Date _____

Court-Appointed Guardian (if applicable) _____ Date _____

Witness _____ Date _____



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Date: _____

The Learning Center at Bethel Ridge
(If you have filled out the Registration Form, please just fill in medical, allergies, and behaviors, and sign)

Participant Name: _____ **DOB:** _____

Address: _____

Diagnosis: _____

Allergies: _____

Medical Condition (example: seizures, heart condition, diabetes, etc.): _____

Medications Currently Taking: _____

Behaviors that we should be aware of: _____

I, _____, do hereby release the requested information to Bethel Ridge.

Participant Date

Court-Appointed Guardian (if applicable) Date



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REQUEST BY PARTICIPANT FOR RELEASE OF INFORMATION
FROM CASE RECORD

Participant: _____ **DDD #** _____
(if applicable)

Program: _____

Employment Specialist: _____

1. Information from Case Record Being Requested:

2. Reason for Request:

According to NJ State Regulations "The individual must have access at any time to their records of all medications and somatic (health-related) treatments that is on file in the case record.

Participant/Court-Appointed Signature _____ Date _____

Program Director _____ Date _____

Employment Specialist _____ Date _____