

One Sears Drive, Suite #402

Paramus, NJ 07652

☎: 201-483-9188

Fax: 201-483-9189

**Amit Agarwal MD PC**

**Sonia Chadha MD**

**PATIENT AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION**

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

Previous Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

I request and authorize \_\_\_\_\_ to release

health care information of the patient named above to:

**Dr. Amit Agarwal and Dr. Sonia Chadha**

**One Sears Drive, Suite # 402, Paramus NJ 07652**

This request and authorization applies to:

Healthcare information relating to the following treatment, condition, or

dates: \_\_\_\_\_

All Healthcare information:

Other: \_\_\_\_\_

**Definition:** Sexually Transmitted Diseases (STD) as defined by law, RCW 70.24 et seq, includes herpes, herpes simplex, human papilloma virus, genital warts, condyloma, Chlamydia, non-specific urethritis, syphilis, VDRL, chancroid, lymphogranuloma venereuem, HIV (Human Immunodeficiency Virus), AIDS (Acquired Immunodeficiency Syndrome). And gonorrhea.

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

\_\_\_\_\_  
**Date**