NJ Health
New Jersey Department of Health

AUTHORIZATION TO RELEASE HEALTH INFORMATION

I, MALGORZATA GARRITY DOB: 1/30/1970
Patient Name

5 MONMOUTH AVE., BRIDGEWATER, NJ. 08807
Patient Address

authorize THE NEW JERSEY DEPARTMENT OF HEALTH to release to me the following health information at the above address (state specific documents, time-period, etc.):

All inspections, interviews, telephone conversations related to cyclospora outbreak in Somerset County from June 1, 2019 - July 30, 2019. Including inspections of the of the restaurant Seasons 52 in Bridgewater, NJ. from 6/1/2019 - 7/30/2019. and my personal Health Records.

I understand this consent is voluntary and that I may revoke this authorization at any time (except to the extent that action based on this consent has already been taken) by written, dated and signed communication. This consent will remain in effect no more than ninety (90) days from the date I signed this consent.

I understand I may refuse to sign this authorization. If I refuse, the identified records will not be disclosed.

Malgorzata Garrity
Patient Signature

10/19/2020
Date