

**AUTHORIZATION FOR DISCLOSURE/RELEASE OF HEALTH
INFORMATION INCLUDING ALCOHOL AND/OR DRUG
ABUSE, HIS/AIDS AND PSYCHIATRIC RECORDS**

To: The N.J. Department of Corrections, Correctional Medical Services,
Inc and Correctional Behavioral Solutions, Inc.

I, _____, authorize you to disclose and provide to the
(Name)

attorneys, law students and other staff of the Seton Hall University School of Law Civil Litigation Clinic, the law firm of Debevoise and Plimpton, and Dr. Raymond Patterson, any and all information relating to my incarceration including, but not limited to, medical and psychiatric records, disciplinary reports classification documents, criminal records and parole reports. This authorization extends to all documents in your possession, regardless of their original source. It also permits you and your employees or consultants and my mental health care provider to give court testimony and information to the monitor about this information and all medical and mental health information about me received during the course of my mental health treatment.

I understand that this authorization can include, but is not limited to the release of information concerning drug and/or alcohol use, venereal disease, AIDS, HIV infection, Tuberculosis, Hepatitis, psychosocial history and treatment recommendations.

I understand that at any time I may revoke this authorization, except to the extent action has already been taken, by a written notice to Debevoise & Plimpton, Seton Hall University School of Law Civil Litigation Clinic, the New Jersey Department of Correction, Correction Medical Services, Inc. or Correctional Behavioral Solutions, Inc. This consent is effective immediately. I hereby release the New Jersey Department of Correction, Correction Medical Services, Inc. and Correctional Behavioral Solutions, Inc., their employees, personnel, officers, directors and physicians and mental health professionals from any and all legal responsibility or liability resulting from the release of the above information to the extent indicated and authorized herein.

Signature: _____

Prison or Jail: _____

Inmate Identification Number: _____

Date: _____

D.M. v. Terhune



PC-NJ-001-007

Exhibit E