

# Garden State Rheumatology Consultants

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## ***Garden State Rheumatology Consultants Patient Authorizations***

- By my signature below, I hereby authorize GSRC to obtain medical information from other medical providers/institutions on my behalf.
- By my signature below, I hereby authorize GSRC and its physicians, staff, and hospitals associated with GSRC to release all medical and other information acquired in the course of my examination and/or treatment (with the exceptions listed below) to the necessary insurance companies, third party payors, and/or other physicians or healthcare entities required to participate, coordinate and/or pay for my care.
- By my signature below, I hereby authorize assignment of financial benefits directly to GSRC and any associated healthcare entities for services rendered as allowable under standard third-party contracts/my health insurance. I understand that I am financially responsible for charges not covered by the assignment.
- By my signature below, I authorize GSRC personnel to communication with me by mails, phone calls (including automatic phone calls, text messages, and voicemails), according to the information I have provided in my patient registration information.

I have read, understand, and agree to the above authorizations given to GSRC.

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Signature of Patient or Representative/Guardian

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Date

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Print Name

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Date of Birth