OCEAN SOUTH LOCAL OFFICE CHILD HEALTH UNIT Division of Youth & Family Services 1510 Hooper Avenue Suite 210 Toms River, NJ 08753

Main: 732-255-0700 Fax: 732-262-6256

## **FAX**

To:	Dr. Yassin	From:	Lynda Pasciak
Fax:	609-242-1906	Phone:	732-255-0700 ext 2072
Phone:	609-971-0010	Pages (excluding cover page).	3
Re:	Gianna Interdonato DOB 1-15-2011	Date:	11-29-2011

### Comments:

Please find attached:

- a. Request for Copy of All Medical Records
- b. Authorization for Request for Information

Child's Name: Gianna Interdonato DOB 1-15-2011

Thank you for your time in this matter, it is greatly appreciated.

JAMES ALIMEN

Lyňdá Pasciak

Child Health Unit-Staff Assistant

FAX NUMBER: 732-262-6256

If Mailing Please Mark...

Confidential Attention: Child Health Unit/Lynda Pasciak

Division of Youth & Family Services 1510 Hooper Avenue Suite 210

Toms River, NJ 08753

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Child Health Unit c/o DYFS –Ocean South Local Office 1510 Hooper Avenue Suite 210 Toms River, NJ 08753 Phone: (732) 255-0700 ext 2072 Fax: (732) 262 - 6256

### Request for Medical Records

November 29, 2011

Dr. Yassin 115 Lacey Road Forked River, NJ 08731

ATTN: Medical Records:

Thank you for the medical attention that you provided to **Gianna Interdonato**. We are submitting this letter along with an Authorization for Release of Information form to you on behalf of the staff of the Child Health Unit of the Ocean South County DYFS Office. We are requesting a copy of all medical records that reflect the care provided to **Gianna Interdonato** to be sent to our office for health care case management review.

Gianna Interdonato DOB 1-15-2011

For more information, please contact our Child Health Unit at 732-255-0700 ext 2072.

Sincerely,

Rosanne Macksey, RN, BSN Health Care Case Manager Child Health Unit UMDNJ/FXB/DYFS Lynda Pasciak Staff Assistant Child Health Unit UMDNJ/FXB/DYFS

## State of New Jersey DEPARTMENT OF CHILDREN AND FAMILIES Division of Youth and Fumily Services

# AUTHORIZATION FOR RELEASE OF INFORMATION

	(Name of agency or person)  Division of Youth and Family Services / Child HealtHinit	(Name of agency or person)	sianna Interdonato 1-15-201	(Print name of person(s) authorizing release, and/or childre)	Signature		Ocean South Local DYFS Office	1519 Hooper Ave Suite 210	Toms River NJ, 08753	732-255-0700	Local Office Address/Sponsoring Agency Adress
I authorize Dr. Yassin	(Nam to release information to Division of You	(Name	about me or my children, (S) anna	(Print name o	Signature / Opholoca	Date 11 (29)	Christine DiAndrea (DYFS CLU)	Agency Representative		11/29/11 733-020-0200	Date 'Telephone

DYFS adheres to existing laws and regulations regarding releasing or obtaining information about s clients (Administrative Order 2:01, N.J.S.A. 30:4-24.3 and N.J.S.A. 9:6-8.10a). DYFS requires agencies receiving information from DYFS to respect the confidential nature of thenaterial and to be aware that there may be penalties for release of such information to unauthorized persons. When a child is placed through DYFS, information regarding the child's placement is shared with te Family Court and the Child Placement Review Board,