Cedars-Sinai Medical Group

AUTHORIZATION FOR USE OR DISCLOSURE OF HEALTH INFORMATION

Completion of this document authorizes the disclosure and/or use of health information about you. **Failure to provide all information requested may invalidate this Authorization.**

Use and Disclosure of Health Information

Patient Name:_____ MRN:_____

Date of Birth:_____Social Security#_____

I hereby authorize:_____

Name of Physician, Hospital or patient name and complete address.

to release to _____

Name of Physician or Hospital, Address-street, city, state, zip code of person/organization authorized to receive information.

the following information:

A. ☐ All health information pertaining to my medical history, mental or physical condition and treatment received – ***OR***

☐ Only the following records or types of health information (including any dates):

_____

B. I specifically authorize release of the following information (check as appropriate):

- ☐ Mental health treatment information [1]
- ☐ HIV test results
- ☐ Alcohol/drug treatment information

A separate authorization is required to authorize the disclosure or use of psychotherapy notes.

PURPOSE

Purpose of requested use or disclosure: ☐ patient request; **OR** ☐ other:

_____

EXPIRATION

This Authorization expires [insert date]:_____

NOTICE OF RIGHTS AND OTHER INFORMATION

- I may refuse to sign this Authorization. My refusal will not affect my ability to obtain treatment or payment or eligibility for benefits.[2]
- I may revoke this Authorization at any time. My revocation must be in writing, signed by me or on my behalf, and delivered to the following address: Health Information Manager: 200 N. Robertson Blvd., Suite 101, Beverly Hills, CA 90211.
- My revocation will be effective upon receipt, except to the extent that the others have acted in reliance upon this Authorization.
- I have a right to receive a copy of this Authorization.[3]

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NOTICE OF RIGHTS AND OTHER INFORMATION continued

• Information disclosed pursuant to this Authorization could be re-disclosed by the recipient. Such re-disclosure is in some cases not protected by California law and may no longer be protected by federal confidentiality law (HIPAA).

SIGNATURE

Date:_____Time:_____a.m./p.m.

Signature:_____

(Patient/Representative/Spouse/Financially Responsible Party)

If signed by someone other than the patient, state your legal relationship to the patient: _____

_____

Witness:_____

[1] If mental health information is covered by the Lanterman-Petris-Short Act is requested to be released by the patient, the physician, licensed psychologist, social worker with a master's degree in social work or marriage and family therapist, who is in charge of the patient must approve the release. If the release is not approved, the reasons therefore should be documented. The patient could most likely legally obtain a copy of the record himself or herself and then provide the records to the third party.

[2] If any of the HIPAA recognized exceptions to this statement applies, then this statement must be changed to describe the consequences to the individual of a refusal to sign the authorization when that covered entity can condition treatment, health plan enrollment, or benefit eligibility on the failure to obtain such authorization. A covered entity is permitted to condition treatment, health plan enrollment or benefit eligibility on the provision of an authorization as follows: (i) to conduct research-related treatment, (ii) to obtain information in connection with a health plan's eligibility or enrollment determinations relating to the individual for its underwriting or risk rating determinations. Under no circumstances, however, may an individual be required to authorize the disclosure of psychotherapy notes.

[3] Under HIPAA, the individual must be provided with a copy of the authorization when it has been requested by a covered entity for its own uses and disclosures (see 45 C.F.R. 164.508(d)(1), (e)(2))

Note: - There may be an administrative fee for obtaining copies of medical records and x-ray films.
- Costs for obtaining copies are available upon request.