



Authorization for Use or Disclosure of Protected Health Information

*As required by the Health Information Portability and Accountability Act of 1996 (HIPAA) and California law, this practice may not use or disclose your individually identifiable health information except as provided in our Notice of Privacy Practices without your authorization. Your completion of this form means that you are giving permission for the uses and disclosure described below. Please review and complete this form carefully. It may be invalid if not fully completed. You may wish to ask the person or entity you want to receive your information to complete the sections detailing the information to be released and the purposes for the disclosure.*

*As required by the Health Information Portability and Accountability Act of 1996 you have a right to request that communications concerning your personal health information be made through confidential channels. This medical practice will not ask you why you are making your request, and will make reasonable efforts to accommodate all reasonable requests. Some method of contact must be provided, and as appropriate, information as to how payment will be handled*

I hereby authorize this medical practice to use and disclose health information related to the personal health, treatment or payment for treatment of (*patient name and address*) \_\_\_\_\_ as follows:

**This request supersedes any prior request for confidential channel communications I may have made.**

**This health information may be disclosed to:**

\_\_\_\_\_  
\_\_\_\_\_  
*(Name and address of person to use or receive the health information)*

**The information may be used only for the following purposes (if you do not want to explain the purpose, write "At the request of the individual"):**

\_\_\_\_\_  
\_\_\_\_\_

**Health information to be used or disclosed:**

- Any and all health information other than psychotherapy notes may be released, including, but not limited to, mental health records protected by the Lanterman-Petris-Short Act, drug and/or alcohol abuse records and/or HIV test results, if any, except as specifically provided below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

