



AUTHORIZATION FOR RELEASE OF HEALTHCARE INFORMATION

This authorization must be written, dated, and signed by the patient or by a person authorized by law to give authorization.

I authorize **NORTH VALLEY HOSPITAL** to release a copy of the medical information for (name of patient): _____ Date of Birth: _____

To (name and address of recipient): _____

By initialing the spaces below, I specifically authorize the release of the following medical records*, if such records exist:

- | | |
|---|--------------------------|
| _____ Medical records needed for continuity of care | _____ Laboratory reports |
| _____ Most recent five-year history | _____ Pathology reports |
| _____ Emergency and urgent care records | _____ Other _____ |
| _____ Diagnostic imaging reports | _____ Other _____ |
| _____ Billing statements | |

_____ Please send the entire medical record (all information) to the above named recipient. The requester understands this record may be voluminous and agrees to pay all reasonable charges associated with providing this record.

***The following items must be initialed to be included in other documents:**

- _____ *HIV/AIDS/STD related records
- _____ *Mental Health information
- _____ *Genetic testing information
- _____ *Drug/alcohol abuse/dependency diagnosis, treatment or referral information

Federal regulations require a description of how much and what kind of information is to be disclosed:

- _____ This authorization is limited to records regarding the following treatment: _____
- _____ This authorization is limited to records from the following time period: _____
- _____ This authorization is limited to a worker's compensation claim for injuries of: _____

This authorization may be revoked at any time. The only exception is when action has been taken in reliance on the authorization. This consent shall remain in effect for the period reasonable needed to complete the request.

Date

Signature of Patient

Date

Signature of Person Authorized by Law or Relationship to Patient