



13555 Bowman Rd. Ste. 100, Auburn CA 95603 - Phone: (530)885-3951 Fax: (530)885-3932  
23000 Foresthill Rd, Foresthill, CA 95631 - Phone: (530) 367-2229 Fax: (530)885-3932

## AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Previous Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

I request and authorize: \_\_\_\_\_ to  
release healthcare information of the patient named above to:

Name: Vista Complete Care

Address: 13555 Bowman Rd Suite # 100

City: Auburn State: CA Zip Code: 95603

This request and authorization applies to: treatment for the above named patient

Healthcare information relating to the following treatment, condition, or dates: \_\_\_\_\_

All healthcare information

Other: \_\_\_\_\_

*I hereby authorize the use or disclosure of my Protected Health Information (PHI) including (circle all that apply): office notes/x-ray reports/ laboratory reports / all, and/or for the above indicated dates if any.*

### NOTICE OF RIGHTS AND OTHER INFORMATION

*I may refuse to sign this Authorization. I may revoke this Authorization at any time. My revocation must be in writing, signed by me or on my behalf and delivered to Vista Complete Care. My revocation will be effective upon receipt, but will not be effective to the extent that the Requestor or others have acted in reliance upon this Authorization. I have a right to receive a copy of this authorization. Neither treatment, payment, enrollment, nor eligibility for benefits will be conditioned on my providing or refusing to provide this Authorization. Information disclosed pursuant to this Authorization could be re-disclosed by the recipient and might no longer be protected by state or federal confidentiality law (HIPAA). However, I may inspect or obtain a copy of the health information that I am being asked to use or disclose.*

**EXPIRATION.** *This Authorization automatically expires one year from the date signed, unless a different date is provided.*

(Insert date or event): \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_