



AUTHORIZATION to RELEASE HEALTHCARE INFORMATION

Patient Name: _____

Patient Date of Birth: _____

I request and authorize: **Vista Complete Care: 13555 Bowman Rd., Ste 100., Auburn, CA 95603** to release healthcare information of the patient named above to :

Name: _____

Address: _____

Phone#: _____ Fax#: _____

I hereby authorize the disclosure of my Protected Health Information (PHI) as described below:

- ☐ Health information relating to the following treatment(s)/condition(s)*: _____
- ☐ Health Information relating to these specific Dates of service: _____
- ☐ All healthcare information**
- ☐ Other: _____

**Protected Health Information specifically relating to communicable or transmitted disease(s) such as HIV and Hepatitis, in addition to records pertaining to Mental Health require a separate and specific signed authorization.*

***We will provide 2 years of recent medical records when this box is checked unless specific dates are indicated.*

This Protected Health Information is being released for the following reason(s):

- ☐ Coordination of Care ☐ Transferring Care ☐ Personal Records

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 on 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 of this Authorization is automatically set for one year from the date signed, unless a different date is provided here:

By signing this Authorization, you agree to the above terms and conditions described above.

Signature: _____ **Date:** _____