

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I authorize release and exchange of medical/health information or records specified between:

Marin Hearing Center
45 San Clemente Dr., Suite D140
Corte Madera, CA 94925
415-927-1567 (Phone)
415-329-1924 (Fax)
Email: info@marinhearingcenter.com

AND

Name/Relationship: _____
Address: _____
Phone: _____
Fax: _____
Email: _____

upon request in person or by mail/email/fax to the address specified at the time of the request.

Patient Name: _____
Patient DOB: _____
SS#: _____

RECORDS AUTHORIZED TO BE RELEASED:

- Office notes and Lab/radiologic reports
- Consultation notes or reports
- Medications
- Audiological and hearing aid information

This information will be used for the purpose of:

- Providing advocacy services
- Other activities at the request of the individual
- Verifying my eligibility for services
- Legal representation

Additional patient comments/restrictions: _____

This authorization will expire one year from the date of the signature below. I understand that I can revoke this authorization at any time by writing to the health care provider or to the agency providing records, but that revoking this authorization will not affect disclosures made or actions taken before the revocation.

I also understand that:

- I am not required to sign this authorization and that my health care or payment for care will not be affected by my refusal.
- Federal privacy regulations will no longer apply to the information disclosed, and that the named entities may redisclose the information.
- I am entitled to receive a copy of this authorization.
- A copy of this authorization may be utilized with the same effectiveness as an original.

Patient or Representative Signature: _____

Date: _____

Name of Representative (print): _____

Relationship to Patient: _____

Explanation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

HIPAA requires an Authorization to Release Medical Information in order for health care providers to release medical information or records. It is necessary to use this form when requesting information from health care providers because this law requires specific information to be provided on an authorization. This form should not be used to request records not covered by HIPAA (records obtained from a source other than a health care provider). Medical providers are mandated to protect information and to require the use of forms that comply with the law. However, if a medical provider insists that the provider's form be used, you may want to use that form if it will expedite the process of obtaining records.

Note on patient representatives

If a patient's representative is signing the authorization, you must specify the relationship of the representative to the patient. Common relationships include:

- Parent or Guardian
- Conservator (a copy of the order appointing the conservator should also be provided)
- Attorney-in-fact (a copy of the notarized Power of Attorney should also be provided)
- Administrator of an Estate (a copy of the letters of administration from the court should also be provided)

Advice for using the form

In order to make the best use of this form, you should:

- Utilize one form for each medical provider from whom records are requested.
- Make a written request for copies of records, if possible.
- Specify the exact records you are requesting. You could then request additional records at a later time if necessary.
- Specify the period of time for which you are requesting records.
- Clearly specify the location to which the records should be mailed or another method of delivery.
- It may be helpful to call some medical providers in advance to obtain an estimate of the cost involved and the provider's procedure for billing.
- Note on records authorized to be released: All types of notes that you may need to request at any time from a particular provider should be checked. Otherwise, you may need to have another authorization signed before requesting additional records. There may be additional issues with some particular types of records.
- Records related to HIV status may not be released unless the individual has signed a separate release specific to HIV related information. 5 U.S.C. §19203-D.
- Psychotherapy notes may not be released unless the individual has signed a separate release specifying that such notes may be released. 45 CFR §164.508(b)(3)(ii).
- You must specify on the authorization the extent or nature of records to be released for drug or alcohol records. 42 U.S.C. 290dd-3; 42 U.S.C. 290ee-3; 42 C.F.R., Part 2.