Planned Parenthood
Shasta-Diablo®

Attachment M

AUTHORIZATION FORM FOR RELEASE OF HEALTH INFORMATION TO PLANNED PARENTHOOD: SHASTA DIABLO

PATIENT NAME: _____
LAST FIRST MI MAIDEN OR OTHER NAME

DATE OF BIRTH: _____-_____-_____ SS#: _____-_____-_____
MO DAY YR

MEDICAL RECORD #: _____

ADDRESS: _____

CITY: _____STATE: _____ZIP: _____

DAY PHONE: _____ EVENING PHONE:_____

I HEREBY AUTHORIZE THE FOLLOWING PROVIDER:

NAME: _____

ADDRESS: _____

CITY: _____STATE: ____ZIP: _____

PHONE: _____ FAX: _____

TO RELEASE MY HEALTH INFORMATION TO PLANNED PARENTHOOD: SHASTA DIABLO

ADDRESS: _____

_____

_____

HEALTH INFORMATION TO BE RELEASED:

I specifically authorize release of the following information: DATES:
☐ Entire Medical Record, OR (check the appropriate box(s)) _____
☐ History and physical exam _____
☐ Progress notes _____
☐ Substance abuse (including alcohol/drug abuse) _____
☐ Lab reports _____
☐ Mental health (including psychotherapy notes) _____
☐ X-ray reports _____
☐ HIV related information (AIDS related testing) _____
☐ Other: _____ _____
This Authorization is made for the following purpose:
☐ At my request, OR
☐ Specify: _____

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CONDITIONS OF AUTHORIZATION

1. This Authorization will expire on (insert date or event):
   _____
   _____

2. I may revoke this Authorization at any time by notifying Planned Parenthood: Shasta-Diablo in writing, and it will be effective on the date notified except to the extent that Planned Parenthood: Shasta-Diablo has already acted upon such Authorization.

3. Information used or disclosed pursuant to this Authorization may be subject to re-disclosure by the recipient and no longer protected by Federal privacy regulations.

4. By authorizing this release of information, my healthcare and payment for my healthcare will not be affected if I do not sign this Authorization form.

5. I have been offered a copy of this signed Authorization form.

_____ _____ OR
SIGNATURE OF PATIENT DATE

_____ _____
PARENT/LEGAL GUARDIAN/AUTHORIZED PERSON DATE

FOR OFFICE USE ONLY

DATE REQUEST FILLED: _____

BY: _____

IDENTIFICATION PRESENTED: _____

FORM OF IDENTIFICATION: _____