Fax Back (818) 901-4511

Southern California Orthopedic Institute Medical Group

AUTHORIZATION FOR THE USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

Patient name: _____
(Please print)
Date of birth: _____ Social Security Number: _____

I hereby authorize the use and disclosure of individually identifiable health information relating to me, which is called "protected health information (PHI)" under a federal health privacy law, as described below. I further understand that my PHI may be used to carry out treatment, payment, or healthcare operations.

Specific description of the information to be used or disclosed including the dates of service(s):

_____

_____

To: _____
Patient / Hospital / Physician / Attorney / other to receive records
Address: _____

_____

Phone number: ( )_____ **Fax number**: ( )_____

To: _____
Patient / Hospital / Physician / Attorney / other to receive records
Address: _____

_____

Phone number: ( )_____ **Fax number**: ( )_____

The protected health information will be used and/or disclosed for the following purposes:
(Please list each purpose of the use(s) or disclosure(s) in the space provided.)

- ☐ At the request of the individual
- ☐ Other: _____

- I understand that if the person or entity that receives this information is not a health plan or health care provider covered by federal privacy regulations, the released information may be re-disclosed by the recipient and may no longer be protected by federal or state law.
- I understand that I may revoke this authorization at any time by notifying Southern California Orthopedic Institute in writing. However, if I choose to do so, I understand that my revocation will not affect any actions taken by Southern California Orthopedic Institute before receiving my revocation.

This authorization expires at the earlier of 6 years or the date the following event occurs:

_____

Signature of patient: _____ Date: _____

You have the right to review the **Notice of Privacy Practices prior to signing this consent.** You also have a right to restrict how your PHI is used or disclosed and may revoke this consent in writing. The terms of the Notice of Privacy Practices may change without notice and a revised copy may be obtained at any of Southern California Orthopedic Institute's facilities. **This consent is defective and not in force if it lacks any element above or having been revoked.** **03/03**