

 SIERRA CARE PHYSICIANS		Authorization to Release Information 140 Litton Drive Suite 120, Grass Valley CA 95945 Family Practice Fax 530-272-9796 11400 Pleasant Valley Road Penn Valley, CA 95946 Penn Valley Fax 530-432-7026 scphysicians.com	
1	Patient's Last	Patient's First	Date of Birth
2	☐ Please release information/send records FROM SCP* (To Person/Facility Below) ☐ Please release records TO SCP (From Person/Facility Below)		
3	Full Name of Organization/Provider/Individual (or Self)		
	Address		City
	State	Zip	Phone # with area code
	Fax with area code		
	Transmit: Records will be provided on a disc, if file is larger than 20 pages ☐ Verbally ☐ Electronic: ☐ Fax ☐ U.S. Mail ☐ Pick up in office		
4	CHOOSE ONLY ONE (1) Per Release ____ Medical ____ HIV/AIDS Testing & Treatment ____ Alcohol/Substance/Drug Use Treatment ____ Dental ____ Behavioral Health ____ Psychotherapy Notes ____ Other:		
5	Time Frame: ☐ Last Visit ☐ Past Year ☐ All ☐ Other:		
6	☐ All records ☐ Just these:		
7	Reason for release: ☐ Personal ☐ Transfer of Care ☐ Other:		
Authorization	By signing, I authorize use/disclosure of my health information and understand that: - I may revoke this authorization at any time by contacting SCP in writing. - This authorization is valid for 1 year maximum or this earlier date: ____/____/____. - The recipient of your health information may not further disclose your information without obtaining another authorization from you. - All Alcohol & Substance Abuse health information is protected and only releasable with a separate express written consent of the person it pertains to. - My treatment/eligibility of care is not based on this authorization. - This authorization is voluntary and a photocopy or fax of this authorization is as valid as the original - I have the right to a copy of this authorization.		
	SECTIONS 1-7 MUST BE COMPLETED TO BE VALID		
Signature _____ Date: ____/____/____ Tel: (____) ____ - ____			
If not patient: ☐ Patient's Representative (State Relationship _____)			

PLEASE WRITE CLEARLY OR WE WILL NOT BE ABLE TO PROCESS THIS REQUEST.

Sierra Care Physicians does not discriminate on the basis of race, color, national origin, sex, age or disability, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sexual orientation, or gender identity or expressions.