Authorization to Release Information

SIERRA CARE PHYSICIANS

- 140 Litton Drive Suite 100, Grass Valley CA 95945
  Pediatrics Fax 530-272-0156 Family Practice Fax 530-272-9796
- 11400 Pleasant Valley Road Penn Valley, CA 95946
  Penn Valley Fax 530-432-7026

medrec@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.