RELEASE OF **INFORMATION**

Patient Name		Date of Birth	
Address		Phone Number	

City		State		ZIP Code	

This authorizes Petaluma/Rohnert Park Health Center to RELEASE:	**Petaluma/Rohnert Park Health Center may RELEASE this information to:**	
☐ Complete Health Records (1 year from date)	Release to	
☐ Only Records from Dates _________ to _________	Name	
Other Info:	Address	
	City	
	State	Zip
	Phone	Fax

This information can be used for the following purpose (purposes): ☐ Medical Treatment ☐ Continuity of Care
☐ Release to me ☐ Share my health information with others

The information to be released will be complete health records for 1 year and any indicated information below.

☐ Discharge Summary	☐ Lab Reports	☐ Medications	Pathology Reports
☐ History & Physical	☐ X-Ray Reports	☐ Immunizations	☐ Last PAP
☐ Operative Reports	☐ EKG/ECG Tests	☐ ____________	☐ Colon Cancer Screening
☐ ER Records	☐ Progress Notes (last 3)	☐ ____________	☐ Last Mammogram

Treatment Records from mental health and/or alcohol/drug dependence and HIV/AIDS information are specially protected and cannot be released to or from Petaluma/Rohnert Park Health Center unless you sign below.

☐ Release Mental/Behavioral Health Information
☐ Release Psychotherapy Notes
☐ Release Treatment for Alcohol and/or Drug Abuse
☐ Release HIV/AIDS Information

Signature		Date	

a. I understand I have the right to revoke this authorization in writing at any time, except to the extent information has been released in reliance upon this authorization.
b. The information released in response to this authorization may be re-disclosed to other parties.
c. I understand my treatment or payment for my treatment cannot be conditioned on the signing of this authorization
Duration: This authorization shall remain in effect for one year from the date of signature unless a different date is specified here: _________
42 CFR Part 2: This information has been disclosed to you from records protected by Federal Confidentiality Rules. The Federal Rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal Rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse client.
Re-disclosure: Once this health information is disclosed, it may no longer be protected under federal privacy law, (HIPAA) California recipients must obtain your authorization before further disclosure.

Signature		Date	

If signature other than patient printed name and relationship below:

Name		Relationship	