

Grace Family Health, Inc. 24910 Las Brisas Rd #105, Murrieta, CA 92562
951-231-1385 Phone 951-461-9191 Fax

Patient's Full Name

Patient's Social Security Number/Medical Record Number

Address

Patient's Date of Birth

City, State Zip Code

Patient's Telephone Number

Please note: Copy fee may be charged for medical records

Above listed patient authorizes the Grace Family Health to disclose my medical records to OR to obtain my medical records from:

Facility Name: _____ Facility Phone: _____

Facility Address: _____ Facility Fax: _____

City, State ZIP: _____

Dates and type of information to disclose:

ALL RECORDS

Dates other _____

Specific information requested:

The purpose of disclosure is:

Change of insurance or physician

Continuation of Care

Referral Other: _____

UNLESS YOU SIGN HERE, NO INFORMATION ABOUT ALCOHOL/SUBSTANCE ABUSE, HIV/AIDS, OR MENTAL HEALTH WILL BE DISCLOSED:

YES, DISCLOSE THIS INFORMATION * _____ (signature)

NO, DO NOT DISCLOSE THIS INFORMATION

1. I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it and would then no longer be protected by federal privacy regulations.
2. I may revoke this authorization by notifying _____ in writing of my desire to revoke it. However, I understand that any action already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions.
3. My purpose/use of the information is for _____.
4. This authorization expires on _____, 20____, OR upon occurrence of the following event that relates to me or to the purpose of the intended use or disclosure of information about me: _____.

THIS FORM MUST BE FULLY COMPLETED BEFORE SIGNING – note that signature is required in two places.*

Signature of Individual*

(The person about whom the information relates)

OR, if applicable –

Date of Individual's Signature

Date of Birth or Social Security Number

Signature of Guardian* or Personal Representative of Patient's Estate

Date of Guardian's/Personal Representative's Signature

Description of Authority to Act for the Individual

Official Use Only

Received

Processed By

Log #