

# AUTHORIZATION FOR THE RELEASE OF CLINICAL RECORD INFORMATION

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## INFORMATION TO BE RELEASED FROM:

HK Dermatology  
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## INFORMATION TO BE RELEASED TO:

NAME/AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE/FAX NUMBERS: \_\_\_\_\_

PURPOSE FOR RELEASE: \_\_\_\_\_

**INFORMATION TO BE RELEASED:** Treatment Date(s): \_\_\_\_\_

(1) Clinical Progress Notes                      (2) Lab Reports                      (3) Surgical Procedure Notes

(4) Other (specify): \_\_\_\_\_

This authorization for use or disclosure of medical information is being requested of you to comply with the terms of the Confidentiality of Medical information Act of 1981, Section 56 et seq., California Civil Code.

This authorization is effective immediately and is subject to revocation at any time, except to the extent that action has already been taken. Otherwise, this authorization expires \_\_\_\_\_ days from the date of SIGNING.

I am aware of and/or have been advised of the provisions of existing State and Federal Statutes; Rules and Regulations which provide for my right to confidentiality of the information in these records. I realize that this is a required consent and that I must voluntarily and knowingly sign this authorization BEFORE any records can be released, and that I may refuse to sign, but in that event the records cannot be released. I further release my attending physician, consultants, the facility and employees from any liability arising from the release of information to the person(s)/agency designated above. I understand that I have a right to receive a copy of this authorization upon my request. Copies of records will be made expeditiously, but delays may occur when other priority office activities take precedence.

A spouse or financially responsible party may only authorize release of medical information for use in processing an application for the patient, as a spouse or dependent, for a health insurance plan or policy, a non-profit hospital plan, a health care service plan or an employee benefit plan. Sections 1795 et seq. of the Health & Safety Code, declares, among other things "that every person having ultimate responsibility for decisions respecting his or her own health care also possesses a concomitant right of access to complete information respecting his or her condition and care provided." **If the patient or patient's representative requests copies, the provider must ensure that the copies are transmitted within fifteen (15) days after receipt of the written request.** Health and Safety Code 1795 was recently amended to provide expressly that, "any healthcare provider who willfully withholds patient records or summaries of patient records because of an unpaid bill for health care services is guilty of unprofessional conduct.

**MEDICAL RECORDS TYPICALLY TAKE 15 DAYS. PLEASE INDICATE HERE IF YOU HAVE AN UPCOMING MEDICAL APPOINTMENT OR NEEDS RECORDS EXPEDITED. WE WILL DO OUR BEST TO ACCOMMODATE.**

**DATE DESIRED BY:** \_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Signature of Patient Guardian/Representative

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Physician