Optum-San Bernardino

Authorization for release and/or disclosure of medical information

I hereby authorize the person/entity below to release and/or disclose my individually identifiable protected health information ("PHI") in the manner described below. I understand that the recipient of my PHI may not further disclose the information unless the recipient obtains another authorization from me or unless the disclosure is specifically required or permitted by law. I further understand that the health care provider will not condition the provision of care or the receipt of benefits on the signing of this authorization.

Request records from:		Red	Records requested for:			
Name of person or facility sending records		Pri	nt name of patient	Date of b	irth	
Str	eet address	Str	eet address			
Cit	y/State/Zip code	Cit	//State/Zip code			
Are	ea code and phone number	Are	a code and phone number			
Op	nd records to: tum-San Bernardino 00 N. Waterman Ave., San Bernardino, CA 92404 one: 1-909-883-8611, TTY 711 · Fax: 1-909-881-5707		ention: me of doctor or departme	nt)		
Dura	ation: This authorization shall become effective immediately or six months from the date of signature if no date is entered	y and	·		er date)	
from	ocation: This authorization may be revoked in writing by the nathed the disclosing party. Written revocation will not affect any acation was received.					
Spe	ecify records to be released and/or disclosed					
	General medical information: From the date of to		Claims/billing: From the date of	to		
	Laboratory results: From the date of to		Outside records from: Name of person or facility	y:		
	X-ray results: From the date of to Please check: X-ray report		Time frame:			
med	eral medical records may include references or referrals to lical provider, but not the actual medical records themselv de the records you are consenting to have released.			•		
	Mental health records: From the date of to		HIV test results: From the date of	to	_	
	Alcohol/drug: From the date of to					
Sign	nature of patient, parent or guardian	Indi	cate relationship	Date		

