2901 Sillect Ave. Ste 201
Bakersfield, CA 93308
Phone: 661-327-2101
Fax: 661-327-2554

3545 San Dimas St.
Bakersfield, CA 93308
Phone: 661-323-1947
Fax: 661-323-1904

1526 S. Mooney Blvd.
Visalia, CA 93277
Phone: 559-802-5342
Fax: 661-578-6597

I authorize: _____
(Name & address of physician or healthcare provider authorized to disclose information)

To furnish to: _____
Name & address of person/organization to which disclosure is made)

Health Related Information described below on: _____
Patient Name Date of Birth (DD/MM/YYYY)

For purposes of: _____

This information is limited to the following type and amount of information (Use dates where appropriate).

□ Radiology Reports and Films

□ Laboratory Reports

□ Medical Records relating to injury (Date) _____

□ Consultation Reports

□ Other: _____

□ All Records(Dates) _____

Disclosures Requiring Special Consent: My Signature below specifically authorizes the release of information relating to the testing, diagnosis or treatment for: (Initial Appropriate Area).

HIV/AIDS _____

Mental Health/Psychiatric Disorders _____

Sexually Transmitted Disease (STD) _____

Drug and/or Alcohol Abuse and treatment _____

- I understand that I can revoke this authorization at any time. I understand that my revocation must be in writing and presented to the Health Information Management Department. I understand that this revocation does not apply to information that has already been released. Unless otherwise revoked, this authorization will expire in **one year from date of signature below.**
- I understand that treatment will not be conditioned on my providing or refusing to provide this authorization.
- I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules.

_____ _____
Signature of Patient, Parent or Legal Guardian Date

_____ _____
If signed by individual other than patient, indicate authority to sign Patient telephone number

_____
Witness Signature