

**Central California Neurology
Medical Corporation**

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Records Release Authorization

This authorization is for the use or disclosure of health information pertaining to:

Patients Name: Last: _____ First: _____ MI: _____
DOB: _____ Phone Number: _____ SSN: _____
Address: _____

I hereby authorize:				
_____	_____	_____	_____	_____
(Name of Person or Organization Releasing Information)	Address	City	St	Zip Code

To disclose health information to:				
_____	_____	_____	_____	_____
(Name of Person or Organization Receiving Information)	Address	City	St	Zip Code

This authorization applies to the following information:	
<input type="checkbox"/>	Medical Records (<i>Specify</i>): _____
<input type="checkbox"/>	Billing Records: (<i>Request will be forwarded to the Billing Dept for processing</i>)
<input type="checkbox"/>	Other Health Information (<i>Specify</i>): _____

- I may refuse to sign and my refusal will not affect my ability to obtain treatment.
- The recipient may not lawfully further use or disclose the health information unless another authorization is obtained from me or unless the use or disclosure is specifically permitted by law.
- This authorization shall become effective immediately and shall remain in effect until _____
(If no date is given, authorization is valid for 1 year only from signature date).
- I reserve the right to withdraw or revoke this authorization, in writing, at any time, except to the extent that CCN has already disclosed the information.
- I certify that I have given my consent freely, voluntarily and without coercion and that the information given above is accurate to the best of my knowledge.
- I understand I have the right to receive a copy of this authorization.
- I understand copying my records can take up to 5 business days to process once payment and release is in place.
- I have been notified that the charge for a copy of my records will be **\$25.00**

Signature: _____ Date: _____

If signed by other than patient, indicate relationship: _____

Indicate preference: Mail records to the address above Pick-up at CCN () Salinas
() Monterey