

**SIERRA VISTA HOSPITAL**  
**AUTHORIZATION TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION**

**FOR THE RECIPIENT OF THE INFORMATION:**

If any of the requested records contain information regarding alcohol or drug abuse treatment, it is protected by Federal confidentiality rules (42 CFR Part 2). The federal rules prohibit you from making any further disclosure of this information unless further use or disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the use or disclosure of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

**Note: California Law also prohibits further disclosure of medical information, including alcohol or drug abuse treatment records and medical and /or mental health records, unless further use or disclosure is expressly permitted by obtaining a new written authorization for release of information from the person to whom the information pertains.**

I hereby authorize: Sierra Vista Hospital  
8001 Bruceville Road  
Sacramento, Ca 95823 PH: 916 288 0300 Fax: 916 288 0454

To receive, use or disclose health information and records obtained during the course of the treatment of:

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
\_\_\_\_\_ Social Security #: \_\_\_\_\_

1. The information is to be used or disclosed to the following persons or organizations:

To release to Person/ Entity: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

2. Dates of treatment provided on or around (insert dates):\_\_\_\_\_. If this line is left blank, the treatment dates covered by this authorization are from most recent admission to discharge and claims resolution.

I understand that this authorization extends to all or any part of the records/information designated below, which may include treatment for physical and mental illness, alcohol/drug abuse; HIV/AIDS test results or diagnoses. (Refer page 2 for charges)

The information to be used or released includes:

Discharge Summary     History & Physical Exam     Psychiatric Admission History  
 Progress Notes         Medication Records         Laboratory/X-ray report  
 Billing/Financial Records     Administrative letter for dates of treatment  
 All Records     Free copy (Discharge Summary, H&P, Psychiatric Admission History)

**Purpose:** \_\_\_at the request of the patient    \_\_\_other: \_\_\_\_\_

