



Authorization for Release of Health Information **TO**
Mountain Valleys Health Centers, Inc.

Pt. Name: _____ Date of Birth: _____

Address: _____

I authorize _____
(Facility name, fax # and phone which has possession of needed information.)

_____ to release health information to:

Mountain Valleys Health Centers, Inc Attention: _____
(Provider's Name)

Big Valley Health Center
P.O. Box 277, Bieber, CA 96009
Medical Phone: (530) 294-5241
Medical Fax: (530) 294-5392
Dental Phone: (530) 294-5629
Dental Fax: (530) 294-5120

Butte Valley Health Center
P.O. Box 170, Dorris, CA 96023
Medical Phone: (530) 397-8411
Dental Phone: (530) 397-3188
Medical/Dental Fax: (530) 397-4567

Burney Health Center
37491 Enterprise Dr.
Burney, CA 96013
Phone: (530) 335-5457
Fax: (530) 335-3060

Fall River Valley Health Center
P.O. Box 490
Fall River Mills, CA 96028
Phone: (530) 336-6535
Fax: (530) 335-5166

Tulelake Health Center
P.O. Box 725
Tulelake, CA 96134
Phone: (530) 667-2285
Fax: (530) 667-2562

Declaration of Patient Relationship: (Select one) Existing Patient New Patient
 Referred Patient Follow-up Care Other: _____

Release is for: (Check all that apply.)
 Continuity of Care At the request of the patient and/or the patient representative
 Billing and payment of bill Other (state reason): _____

Please specify the health information you authorize to be released:
 Progress Notes Laboratory Tests X-Ray Reports
 Emergency Room Reports Consultation Reports Discharge Summary
 Other: _____ **Date(s) of treatment:** _____

The following information will NOT be released unless you specifically authorize it by marking the relevant box(es) below:

- Information pertaining to drug and alcohol abuse, diagnosis or treatment (42 CFR §§2.34 and 2.35).
- Information pertaining to mental health diagnosis or treatment not including psychotherapy notes (Welfare and Institutions Code §§5328, *et seq.*)
- Release of HIV/AIDS test results (Health and Safety Code §120980(g)).
- Psychotherapy Notes (If the request is for psychotherapy notes **ONLY**, otherwise a separate release is needed).

I understand that I may revoke this authorization at ANY time. It must be in writing, signed and delivered to Mountain Valleys Health Centers (MVHC), HIPAA Compliance ,P.O. Box 277, Bieber, CA 96009. The revocation will take effect once MVHC receives it, except to the extent MVHC or others have already relied on it. If this authorization is not revoked, it will terminate one year from the date of my signature unless an earlier expiration date or expiration event is specified. _____

(Specify date or event)

I understand that MVHC will not condition treatment or eligibility for care on my providing this authorization except if such care is (1) research related, (2) in regard to eligibility or enrollment in a health plan, (3) to determine an entity's obligation to pay a claim, or (4) to create PHI to provide to a third party.

I understand that if I have authorized the disclosure of my health information to someone who is not legally required to keep it confidential, it may no longer be protected by federal or state confidentiality law.

Print Name

Signature (Patient, Parent, Guardian)

Date

Time (AM/PM)

Relationship to Patient

Witness (only if patient is unable to sign) or Interpreter

You are entitled to receive a copy of this authorization.

Copy requested and received: _____ Yes _____ No Patient Initial _____

Request for Release of Records Disclaimer

Please be aware that the medical facility from whom you are requesting your records has the right to charge you for this service. The decisions to charge for the release of medical records is in their sole discretion and in no way associated with Mountain Valleys Health Centers. _____

(Please Initial)

MVHC USE ONLY: IDENTIFICATION VERIFICATION

The Person Signing the Authorization is:

Known: Y N (If unknown please ask for Identification and document below)

Driver's License: State: _____ Number: _____ Expiration _____

Other Photo ID (describe): _____

ID Verified By: _____

(Employee Initial)