

Sacramento Ear, Nose and Throat Medical and Surgical Group, Inc.
1111 Exposition Blvd., Building 700
Sacramento, Sacramento, CA 95815
CA 95815
Phone: (916) 736-3399 ext 1078
Fax: (916) 736-3350

Authorization to Release Protected Health Information To a Third Party

Pursuant to § 123110 (b) of the California Health and Safety Code, healthcare providers are entitled to charge a fee to defray the costs of copying patient records, at the discretion of the practice. Our cost to copy records is \$25.00.

Patient Name: _____
Current Phone Number: _____
Social Security Number: _____
Date of Birth: _____

1. I, _____, authorize Sacramento Ear, Nose & Throat and/or S.E.N.T. Hearing Aid Center and their authorized agents and employees to disclose the above-named individual's health information as described below.

2. This information may be disclosed to and used by the following individual or organization:

for the limited purpose of _____.

3. I request a copy of _____
be sent to the above-named party.

Please send these records via:

CD: _____ **or**
Mail: _____ **or**
Fax (provide Fax Number): _____ **or**
Patient Pick-up: ____

4. I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and send it to Sacramento Ear, Nose & Throat, Medical Records Department, 1111 Exposition Blvd., Building 700, Sacramento, CA 95815. I understand that the revocation **will not** apply to information that has already been released in response to this authorization. Unless otherwise revoked, this authorization will expire on the following date, event, or condition: _____. If I fail to specify an expiration date, event, or condition, this authorization will expire in 6 months.

5. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to ensure treatment.

6. I understand that any disclosure of information carries with it the potential for an unauthorized redisclosure and the information may not be protected by federal privacy regulations in accordance with 45 CFR 164.524. If I have questions about disclosure of my health information, I can contact Sacramento Ear, Nose & Throat, 1111 Exposition Blvd., Building 700, Sacramento, CA 95815.

Signature of Patient or Legal Representative

Date

Legal Representative's Relationship to Patient