MPG
THE MEDICAL PARTNERS GROUP
568 E. Herndon Avenue, Suite 102 · Fresno, CA 93720
559-221-7500 · Fax 559-248-2472

Authorization for Release of Health Information

Complete, print or save, and sign through an approved method. Nothing is transmitted automatically.

I authorize — name of person or facility which has the information

To release health information to — name of person or facility receiving the information

Recipient street address | **City** | **State** | **ZIP**

Exchange authorization

- [ ] I authorize exchange between the people/organizations listed above.

Purpose of release — check one or more

- [ ] Continuity of care or discharge planning
- [ ] Billing and payment of bill
- [ ] At the request of patient/patient representative
- [ ] Other

If other. state reason

Health information authorized for release — check all that apply

- [ ] All Medical Records
- [ ] Clinic or Office Visits
- [ ] Radiology Images
- [ ] Emergency Room Visits
- [ ] Entire Hospital Record
- [ ] Laboratory & Pathology Reports
- [ ] Immunization Records
- [ ] (OB)GYN Records
- [ ] Other Records

Other records — specify type

Delivery method

- ○ Mail
- ○ Pick-up
- ○ Online Portal (Medical Records Only)

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Special authorization and expiration

Complete, print or save, and sign through an approved method. Nothing is transmitted automatically.

The following information will not be released unless you specifically authorize it. Check each applicable item.

I specifically authorize release of

- ☐ Drug and alcohol abuse, diagnosis or treatment (42 C.F.R. §§2.34 and 2.35)
- ☐ Mental health diagnosis or treatment (Welfare and Institutions Code §§5328, et seq.)
- ☐ HIV/AIDS test results (Health and Safety Code §120980(g))
- ☐ Genetic testing information (Health and Safety Code §124980(j))

EXPIRATION OF AUTHORIZATION

Unless otherwise revoked, this Authorization expires on the date or event entered below. If none is entered, it expires 12 months after the date this form is signed.

Expiration date or event

Print name | **Signature**

Date | **Time** | **Relationship to patient**

Relationship examples: Parent, Guardian, Conservator, Patient Representative.

NOTICE

The Medical Partners Group (TMPG) is required by law to keep your PHI (protected health information) confidential. If you have authorized the disclosure of your PHI to someone who is not legally required to keep it confidential, it may no longer be protected by state or federal confidentiality laws.

YOUR RIGHTS

This Authorization to release health information is voluntary. Treatment, payment, enrollment or eligibility for benefits may not be conditioned on signing this Authorization except in the following cases: (1) to conduct research-related treatment, (2) to obtain information in connection with eligibility or enrollment in a health plan, (3) to determine an entity's obligation to pay a claim, or (4) to create health information to provide to a third party.