

Edward and Erica Ruiz, MD

47-110 Washington Street Suite # 203
La Quinta, CA 92253
Office: (760) 564-9205 Fax: (760) 771-6243

AUTHORIZATION TO RELEASE PERSONAL HEALTH INFORMATION

Patient Name: _____ Date of Birth: _____

Social Security: _____ Mother's Maiden Name: _____

I request and authorize Edward and Erica Ruiz, MD to release personal health information of the patient named above to:

- Self
- Individual Name & Relationship: _____
- Medical Group or Organization as follows:

Name: _____

Address: _____

City, State, Zip: _____

This request and authorization applies to:

- Healthcare information pertaining to the following treatment, condition or date:

- All healthcare information
- Other: _____

Initial as appropriate:

_____ I authorize to release any of my healthcare information including testing and results. I understand that the person listed above will be notified that I must give specific written permission before disclosure of these results to anyone.

_____ I authorize the release of any record regarding drug, alcohol or mental health treatment to the party listed above.

SEVERANCE CLAUSE

THIS AUTHORIZATION EXPIRES NINETY DAYS AFTER ISSUE DATE, UNLESS STIPULATED BELOW

I hereby request that this *Authorization to Release Personal Information* remain in effect until:

- I rescind my authorization in writing. I understand that it is **MY** responsibility to do so and will hold Edward & Erica Ruiz, MD harmless for disclosures prior to my rescinding notification.
- Specific Date: _____

Patient Signature

Date

Please Note: This information has been disclosed to you from records that may be protected by the state and federal (HIPPA) confidentiality rules {42 CFR, Part2}. The federal rules prohibit you from making any further disclosure of protected information unless further disclosure is expressly permitted by written consent of the person to whom it pertain, or is otherwise permitted by 42 CFR, Part2. A general authorization for release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of protected information to criminally investigate or prosecute any alcohol or drug abuse patient.