

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

File Number: _____

You have the right to authorize the release of records created or maintained by the Cancer Detection Section which may contain your protected health information. In order to authorize release of your records, you must send us a photocopy of your California driver's license, Department of Motor Vehicles Identification Card, or other valid identification (See Page 2). You may also be required to send documentation verifying your address (see Page 2). Mail this completed form to:

*Cancer Detection Section
Attention: HIPAA Manager
MS-7203, P.O. Box 997413
Sacramento, CA 95899-7413*

I, _____, hereby authorize the Cancer Detection Section to release
(Name of individual)

the following health information: _____

To:

(Name of person/title or facility to receive health information)

(Street Address, City, State, Zip Code) _____
(Telephone Number) _____
(Fax Number)

For the purpose of: _____

This authorization is in effect until _____ (date or event) when it expires.

I understand that by signing this authorization:

- I authorize the use or disclosure of my individually identifiable health information as described above for the purpose listed. I understand that this authorization is voluntary.
- I understand the Notice of Privacy Practices provides instructions should I choose to revoke my authorization.
- I understand if the organization I have authorized to receive the information is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations.
- I understand I have the right to receive a copy of this authorization.

- I understand that I am signing this authorization voluntarily and that treatment, payment, or eligibility for my benefits will not be affected if I do not sign this authorization.

I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION ON THIS FORM IS TRUE AND CORRECT.

SIGNATURE	DATE
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IDENTIFYING INFORMATION

COPY OF PHOTO IDENTIFICATION ATTACHED

ACCEPTABLE IDENTIFICATION IS A CALIFORNIA DRIVER'S LICENSE, CALIFORNIA DMV IDENTIFICATION CARD, PASSPORT, MATRICULA CONSULAR OR STATE OR FEDERAL EMPLOYEE ID CARD.

IF NO PHOTO IDENTIFICATION IS ATTACHED, YOUR SIGNATURE MUST BE NOTARIZED.

NOTARIZED BY _____ ON _____ (DATE)

NOTARY PUBLIC NUMBER _____

UNOFFICIAL UNLESS STAMPED BY NOTARY PUBLIC