COUNTY OF SANTA CLARA
Health System

AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

1 Patient Name: _____
Date of Birth: _____
ID or Medical Record # _____
Address: _____
_____
Tel: _____

2 **AUTHORIZATION:** I give permission to **Saint Louise Regional Hospital** to use and release to Recipient Name: _____
Address: _____
Phone: _____ Fax: _____

3 **PURPOSE:** The health information disclosed may only be used for the following purpose(s): _____
_____
_____

4 **INFORMATION TO BE RELEASED** _____
Date From: _____ To: _____

A. ☐ **Medical Record** ☐ All health information (e.g. diagnosis, test results, treatment); OR ☐ Images and/or Films ☐ Reports ☐ Billing ☐ Dental

B. ☐ **HIV/AIDS Test Results** (A separate authorization is required for each disclosure.) **Initial**: ___

C. ☐ **Drug & Alcohol Treatment**(e.g. diagnosis, test results, treatment, billing, attendance) **Initial**:___

D. ☐ **Mental Health** (e.g. diagnosis, test results, treatment, billing) **Initial**:___

E. ☐ **Other**_____ **Initial**:___

5 **DELIVERY PREFERENCE:**
☐ Mail ☐ Pick up ☐ Other_____

6 **DELIVERY FORMAT:**
☐ CD ☐ Film ☐ Paper ☐ Other_____

7 **DURATION:** This authorization is valid immediately and will be valid until_____(*give date*). If I do not write in a date, it will expire twelve months from the date it was signed.

8 **CANCELLATION**: I understand that I have a right to cancel this authorization any time. A cancellation (1) must be in writing, (2) sent or given to the Health Information Management Department and 3) is effective when it is received by the department. A cancellation will not apply to actions already taken by CSCHS under this authorization or if the authorization was required for getting insurance coverage and the insurer has a legal right to contest a claim. Verbal cancellation will be accepted for behavioral health medical record pursuant to WIC Section 5328. Call: 408-885-5770.

9 **CONDITIONS:** I understand that treatment, payment, enrollment, or eligibility for benefits will not be based on my giving or refusing to give this authorization except if my treatment is related to research, or if health care services are given to me only for creating protected health information for release to a third party. I also understand that I may refuse to sign this authorization.
A copy of this authorization is as valid as an original. I have the right to receive a copy of this authorization.

10 **REDISCLOSURE:** Information disclosed pursuant to this authorization could be redisclosed by the recipient. Such redisclosure is in some cases not prohibited by California law and may no longer be protected by federal confidentiality law (HIPAA), although information protected by 42 CFR Part 2 continues to be subject to that protection. In addition, California law prohibits the person receiving my health information from making further disclosure of it unless another authorization for such disclosure is obtained from me or unless such disclosure is specifically required or permitted by law.

11 _____ _____ _____ _____
Patient/Patient's Representative Name Patient/Patient's Representative Signature Relationship Date

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Attachment B: County of Santa Clara Health System Locations - **To be updated and edited by the Department Custodian of Medical Record as applicable.**

LOCATION(S) OF RECORDS (Check all that apply):

☐ Valley Medical Center (includes VSC, Bascom and Moorpark Clinics)

☐O'Connor Hospital

☐St. Louise Regional Hospital

☐Valley Health Center Clinics:☐ All Clinics; OR

☐ Downtown	☐ East Valley	☐ Gilroy	☐ Milpitas	☐ Sunnyvale
☐Tully	☐ Morgan Hill	☐ Guadalupe	☐ Elmwood	☐ San Pedro
☐ DePaul Health Center		☐ Other		

NOTE: **My Health Online (https://myhealthonline.sccgov.org)** is a free, secure and convenient way to access many different types of personal health information from a computer or cell phone. This information may include: a summary of your recent hospitalization or clinic visit, a list of current medicines, immunizations (vaccines), a summary of your medical history, important lab and test results, etc. MyHealth Online also allows you to request an appointment and request to be on a waitlist for the next available appointment with your healthcare provider.