

Authorization for Release of Medical Information to Third Parties

This authorization, for use or disclosure of medical information, is in compliance with the provisions of the Confidentiality of Medical Information Act of 1981, Civil Code Section 56 *et seq.*

AUTHORIZATION

I hereby authorize _____ (Brokers Name) to provide PacifiCare of California) medical records and information within _____ (Broker’s Name) possession pertaining to medical history, physical or mental condition, medical or mental health services rendered, and or treatment of _____ (name of member) to _____ (name of requestor).

This authorization is limited to the following:

a. USES

I authorize _____ (name of requestor) to use the aforementioned medical records and information authorized only for the following purposes:

b. DURATION

This authorization shall become effective immediately and shall remain in effect until _____ (date).

c. RESTRICTIONS

I understand that the requestor may not further use or disclose the medical information unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law.

d. ADDITIONAL COPY

I further understand that I have a right to receive a copy of this authorization upon my request. I acknowledge, by signing below, that I have received a copy of this authorization.

e. SIGNATURE

Signature: _____ (Member or Authorized Representative)

Date: _____