Submit by Email | Print Form

Muir Obstetrics & Gynecologic Medical Group, Inc.

L. Sandy Hughes, III, MD, FACOG ♦ Gerald F. Katz, MD, FACOG ♦ Nadine B.Hanna, MD, FACOG ♦Judy Jones, RN, BSN, FNP ♦ Patricia Geraghty, RN, MS, FNP ♦ Sarah Noble, RN, MS, FNP ♦ Linda Fung Shui, RN, MSN, FNP

Authorization for Use and Disclosure of Protected Health Information (PHI)

Patient's Name: _____

Patients Address: _____

Date of Birth: _____ SSN: _____ Telephone Number: _____

For the purpose of:

☐ Continuity of care ☐ Changing providers ☐ Other: (Specify)_____

I hereby authorize: **To disclose to:**

Name	Name
Address	Address
Phone Number/Fax Number (Specify)	Phone Number/Fax Number (Specify)

Specify Record Type: **E-Mail**_____

- **Medical Information**** _____ **(initials)**
- Psychiatric Information_____Signature _____Date
- Drug / Alcohol Information _____Signature _____Date
- Results of HIV_____Signature _____Date
- Genetic Records _____Signature _____Date
- **Other Health Information**** _____**(Initials)**

****Specify records to be disclosed:**_____

Duration: This authorization shall become effective immediately and shall remain in effect for one year from the date of signature unless a different date is specified here_____(Date).
Revocation: This authorization is also subject to written revocation by the patient at any time. The written revocation will be effective upon receipt, except to the extent that the disclosing party or others have acted in reliance upon this authorization.
Re-disclosure: I understand that the recipient may not lawfully further use or disclose the health information unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law.
_____**(Initials): I agree to pay any and all charges incurred by this request.**

Patient's Signature:_____ Date:_____

_____
If signed by Other than patient, Indicate Relationship

112 La Casa Via, Suite 200 Walnut Creek, CA. 94598
350 John Muir Pkwy, Ste 205 Brentwood, CA 94513
Phone: 925-933-4747 Fax: 925-935-3559