AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION FROM/TO SAN BERNARDINO COUNTY CENTER FOR EMPLOYEE HEALTH AND WELLNESS

EXPLANATION:
This authorization for use or disclosure of medical information is being requested of you to comply with the terms of the Confidentiality of Medical Information Act of 1981, "Civil Code section 56 et.seq."

AUTHORIZATION:
I hereby authorize THE CENTER FOR EMPLOYEE HEALTH AND WELLNESS (909) 580-1701
Name of physician, hospital, or health care provider) Telephone number

400 NORTH PEPPER AVENUE COLTON CALIFORNIA 92324
address City State Zip

to furnish to _____ ( )_____
Name of physician, hospital, or health care provider Telephone number

_____
address City State Zip

medical records information pertaining to medical history, physical or mental condition, psychiatric illness and treatment, and treatment for substance and/or alcohol abuse.

This authorization is limited to the following medical records and type of information:

_____ Complete Medical Record _____ Records of Diagnostic Test(s)

_____ Other [specify]_____

RESTRICTIONS:
I understand that the San Bernardino County Center for Employee Health and Wellness 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.
The medical information will be used for the following purpose:_____.

DURATION:
This authorization shall become effective immediately and shall remain in effect until [date]_____, unless earlier revoked in writing.

ADDITIONAL COPY:
I further understand that I have a right to receive a copy of this authorization upon my request.
Copy requested and received _____ Yes _____ No Initial_____

SIGNATURE:

Signature:_____
(client/representative/spouse/responsible party)

Date:_____ Time:_____(A.M./P.M.)

If signed by other than client, indicate relationship:_____

Witness:_____

CLIENT IDENTIFYING INFORMATION

Name:_____

DOB:_____

SSN/EE ID:_____

San Bernardino County
Center for Employee Health and Wellness
400 N. Pepper Ave
Colton, CA 92324
Phone (909) 580-1701 Fax (909) 580-1359

File Provided as Requested

To:_____

Route:_____

Date:_____

Unable to Locate:_____

Initials_____

Approval to process request - Date_____Initials_____