

California law and may no longer be protected by federal confidentiality law (HIPAA). However, 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.

Patient Name: _____ Date of Birth: _____

Social Security Number: _____ Phone Number: _____
(optional)

Address: _____ Fax: _____

Signature: _____
(patient or legal representative)

Date: _____ Time: _____

If signed by a person other than the patient, indicate relationship: _____

Print Name: _____
(legal representative)

1. If any of the HIPAA recognized exceptions to this statement apply, then this statement must be changed to describe the consequences to the individual of a refusal to sign the authorization when that covered entity can condition treatment, health plan enrollment, or benefit eligibility on the failure to obtain such authorization. A covered entity is permitted to condition treatment, health plan enrollment or benefit eligibility on the provision of an authorization as follows: (i) to conduct research-related treatment, (ii) to obtain information in connection with a health plan's eligibility or enrollment determinations relating to the individual or for its underwriting or risk rating determinations, or (iii) to create health information to provide to a third party or for disclosure of the health information to such third party, Under no circumstances, however, may an individual be required to authorize the disclosure of psychotherapy notes.
2. Patients of federally assisted substance abuse programs and patients whose records are covered by LPS may revoke an authorization verbally.
3. Under HIPAA, the individual must be provided with a copy of the authorization when it has been requested by a covered entity for its own uses and disclosures (45 CFR section 164.508).



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