



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 _____ 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.

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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.

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REDISCLASURE: 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.

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 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):

- Santa Clara Valley Medical Center (SCVMC)
 - Valley Health Center San Jose
 - Valley Health Center Downtown
 - Valley Health Center East Valley
 - Valley Health Center Gilroy
 - Valley Health Center Lundy (TB/Refugee Clinic)
 - Valley Homeless Healthcare Program (VHHP)
 - Santa Clara Valley Dental Care
- O'Connor Hospital
 - O'Connor Medical Clinic - Forest
 - O'Connor Medical Clinic - Hospital Campus (MOB)
- St. Louise Regional Hospital
 - St. Louise Medical Clinics
- Regional Medical Center
 - Outpatient Services - Ambulatory Surgery
- Other Clinics
 - Elmwood
 - Medical Clinic at Middlefield
 - Other: _____
- Valley Health Center Milpitas
- Valley Health Center Moorpark
- Valley Health Center Sunnyvale
- Valley Health Center Tully
- Valley Health Center Morgan Hill
- Valley Health Center North County
- Valley Specialty Center
- Wound Center
- Breast Care Center
- Valley Health Center McKee
- Guadalupe
- San Pedro

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.