3016

AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION FROM A FACILITY OUTSIDE THE LLUH OHCA TO A LLUH ENTITY

Print in ink ◆ Failure to provide all information may invalidate this authorization.

From Whom: _____

Individual/Agency Name

_____

Address City State Zip Code

To Whom:

☐ LLUMC ☐ LLUCH ☐ LLUHC (BHI)

101 East Redlands Blvd. San Bernardino, CA 92408

Fax to: _____

LLU (See reverse for address)

☐ Center for Health Promotion

☐ School of Dentistry

Information to be Released: Date(s) of treatment: _____

☐ Discharge summary ☐ Standard clinical pertinent document ☐ Clinical notes

☐ Billing records ☐ Other, specify: _____

☐ I specifically authorize release of HIV test results.

☐ I specifically authorize release of alcohol/drug treatment information.

Purpose/Reason Records Are to be Disclosed:

☐ Continued care ☐ Personal use ☐ Other, specify:_____

Unless otherwise revoked, this authorization will expire on the following date, _____. This authorization shall remain in effect until the above described disclosure is complete but shall not extend beyond 180 days from the date of signature. Signing this form is voluntary. I understand I have the right to revoke this authorization and the right to inspect or get a copy of the material to be disclosed. **See reverse side for details on disclosure of information and my rights.** I have read both pages of this form and voluntarily authorize and request the disclosure above. I authorize use of a copy (including facsimile) of this form for disclosure as described above.

Patient Name (Last, First MI): _____ Last four digits of SS#:_____

Birth Date:_____ Telephone Number: (_____)_____

Signature, Patient or Legal Representative: _____ Date: _____ Time:_____

Relationship to Patient (if signed by Legal Representative):_____

LOMA LINDA UNIVERSITY HEALTH

Loma Linda University
Loma Linda University Medical Center
Loma Linda University Children's Hospital
Loma Linda University Health System

AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION FROM A FACILITY OUTSIDE THE LLUH OHCA TO A LLUH ENTITY

116-3016 (8-16)

PATIENT IDENTIFICATION

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

Important Information Regarding My Rights

Interpreted by: ❑ Certified Interpreter ❑ Qualified Bilingual Staff ❑ Language Line
❑ Other (relationship): _____

_____
Interpreter Name (PRINT)

_____ _____ _____
Interpreter Signature (if present) Date Time

_____ _____ _____
Language Line Interpreter ID# (if applicable) Date Time

Voluntary: I understand authorizing the disclosure of the information identified on the reverse side is voluntary. I need not sign this form to ensure healthcare treatment.

Right to Revoke: I understand that I have the right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing and present my written revocation to the Health Information Management Department. The revocation will take effect upon receipt. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy.

Right to Inspect: I understand that I may inspect or obtain a copy of the information to be used or disclosed, as provided in CFR 164.524 and that I have a right to a copy of this form.

Redisclosure: I understand that any disclosure of information carries with it the potential for an unauthorized redisclosure and the information may not be protected by federal confidentiality rules.

Questions: If I have questions about disclosure of my health information, I can contact the Health Information Management Department at 909-651-4191.

LLU Clinic Addresses

LLU BHI Department of Psychology,
Marraige and Family Clinic
1686 Barton Road
Redlands, CA 92373

LLU School of Dentistry
Clinic Administration
11092 Anderson Street
Loma Linda, CA 92354

LLU Center for Health Promotion
Evans Hall
24785 Stewart Street
Loma Linda, CA 92354