

Instructions for Completing Authorization to Release Medical Records & Protected Health Information

1. Complete section 1 with the client's information:
 - Last Name, First Name, Middle Initial
 - Alias(es)
 - Address, City/State, Zip Code (if client has one)
 - Date of Birth
 - Telephone Number (if client has one)
 - Social Security Number (if client has one)

2. Complete section 2 to include the information indicated of who is to **RELEASE** information. This section could include the medical records unit to release the information (e.g. units listed in section 8). This section could also include the name, relationship to client if applicable, and contact information of the person or agency to release information.

3. Complete section 3 to include the information indicated of who is to **RECEIVE** information. This section could include who records are to be sent to, to be discussed with, or who can pick up records.

4. In section 4, check either "Yes" or "No" to indicate if this is a one-way release or a release for bi-directional exchange of information. The client/authorized representative will initial in the "Initial Here" space.

5. In section 5, the client/authorized representative will initial the appropriate space to indicate the reason that this release of information is being requested.
 - Treatment or Consultation – with another provider
 - Patient Request – the client is requesting the record for him or herself
 - Other – enter in the reason that the client is requesting this release

6. In section 6, enter the date range for the time period of records to be released using a start and end date. This section is required. If a date range is not specified, only one year of records will be provided.

7. In section 7, the client/authorized representative will initial all applicable spaces to indicate specific records or information to be released. Only the items initialed will be released.
 - "Other Record Types" allows for information not included in the list to be entered (e.g. school records, court documents, verbal exchange of information regarding progress in treatment)

8. Section 8 lists client rights as permitted by State and Federal law. Providers should be familiar with this section and explain the information to the client (e.g. the process for the client to revoke authorization, that the client will be offered a copy of the release, re-disclosure).

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9. Section 9 is a notice that Substance Abuse records are not included and are not available by using this release. A separate release must be completed with Health and Social Services Substance Abuse Division to request or obtain Substance Abuse records at 2101 Courage Drive, Suite 101, Fairfield, CA 94533.
10. A date must be entered in section 10 to indicate the date the release will expire. This could be a one-time release, short term, or for 1 year maximum.
11. The client will sign and date section 11.
 - o Obtain signature from clients 12 years and older
12. If there is an authorized representative signing the release for a client (e.g. parent of a minor, conservator, attorney), this person will sign and date section 12. This person will also initial the appropriate space to indicate his or her relationship to the client.
13. Section 13 is for Medical Records Staff to complete. Please leave blank.