

Authorization for Release of Confidential Information

Pati	ent's Name:			Patient's Birthdate:		
Pati	ent's Address:					
City	State, Zip:		P	hone: (_)	
Date (Che	nded use of Information:	Co	onsultation scharge Summary KG mergency Room Visit V/AIDS Test Result		Lab/Pathology Results Medication Record Operative/Procedure Note Radiological Images Radiological Reports Other:	
dir	Patient/Personal Use	dicated a	above to be provided to	the follo	•	
l dir Nam	ect the medical records ind ne:	dicated a	above to be provided to Phone (the follo	•	
l dir Nam	ect the medical records inc	dicated a	above to be provided to Phone (the foll	•	
I dir Nam Add Del	ect the medical records ind ne: ress:	dicated a	above to be provided to Phone (State	the follows: Zip Mail - CE)	

Signature Required on Reverse Side/Second Page





Authorization for Release of Confidential Information

- 1. You may revoke this authorization at any time, but only in writing mailed to: Saint Agnes Medical Center c/o Health Information Management 1303 E. Herndon Ave. Fresno, CA 93720. Your Revocation will be effective upon receipt; only to the extent that Saint Agnes Medical Center has not already relied on this authorization.
- 2. You may receive a copy of this authorization.
- 3. Medical information released under this authorization may be subject to redisclosure by the recipient, and it may not be protected under state or federal information privacy laws.
- 4. This authorization will automatically expire 6 months after the date of signature below, excluding Patient Portal enrollment.
- 5. This authorization is not valid unless all required elements are completed.

I authorize Saint Agnes to release medical information as stated in this authorization:					
Signature of Patient or Personal Representative	Date (Must be dated)				
Printed Name of Patient Representative (If not signed by the patient)	Authority to Act as Representative (Documentation required)				

Return completed form to: Email: frhsmedicalrecords@samc.com or Health Information Management 1303 E. Herndon Ave. Fresno, CA 93720

Office Use Only									
☐ ID Verified	Released:	Department:	Date:						

