



# FAMILY PHYSICIANS, INC.

A MEDICAL CORPORATION

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## RELEASE OF MEDICAL INFORMATION AUTHORIZATION

MEDICAL RECORDS IN THE POSSESSION OF: FAMILY PHYSICIANS INC.  
1233 PLUMAS STREET, SUITE A  
YUBA CITY, CA 95991

TO BE RELEASED TO: \_\_\_\_\_  
\_\_\_\_\_  
( ) \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Indicate choices by initialing the blanks**

I authorize the release of my complete medical records \_\_\_\_\_ to the physician and/or facility named above. This includes any and all information related to the examination, diagnosis and treatment rendered to me. I acknowledge that the information may include material related to drug and/or alcohol use \_\_\_\_\_, mental health conditions \_\_\_\_\_, and that this information is protected by Federal Law.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent Signature if patient is a minor)

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Specific Authorization: I acknowledge that information being released may include material related to the diagnosis and/or treatment of HIV (AIDS VIRUS) and that this information is protected by Federal Law. My signature below authorizes the release of this information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent Signature if patient is a minor)

**Unless revoked, this authorization shall terminate one year from the date signed.** You have the right to revoke this authorization in writing. Requests to revoke must be made in writing at our office.

- Information used or disclosed pursuant to the authorization may be subject to redisclosure by the recipient and no longer be protected by federal privacy regulations.
- Refusing to sign this authorization will not affect a persons(s) right to receive treatment. However, outside agencies which require protected health information to provide various services may not be able to do so.
- Disclosures resulting from this authorization may be in written, electronic and/or verbal form.
- I have a right to receive a copy of this authorization.
- A copy of this authorization is just as valid as an original.

Transferring Out     Evaluation     Case Planning     Other \_\_\_\_\_

**Records for Patient:**

- DIGITAL CD: \*\*\$15 processing fee for records being released to the patient\*\*
- PAPER RECORDS: \*\*\$15 plus .25cents per page for records being released to the patient\*\*