[Your firm name and logo]

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION
(California Civil Code 56.11 and 45 CFR 164.508)
Patient: [Full name] | Date of birth: [MM/DD/YYYY] | Phone: [ ]
Address: [Street, city, CA ZIP]

Who may release
[Provider, health plan or facility name, or its function, such as all physicians who treated me since (date)].

Who may receive
[Name or function of the recipient, such as the law firm of (name), its attorneys and staff], [address].

What may be released, and limits
Only these types of medical information: [types and date range]. Not included: psychotherapy notes, and any category below that I have not initialed.

Sensitive categories (optional)
[Initials] mental health treatment. [Initials] substance use disorder treatment (a federally assisted program may require its own 42 CFR Part 2 consent; SUD counseling notes are not included). [Initials] HIV test results.

How the recipient may use it
The recipient may use this information only for: [purpose, such as evaluating and pursuing my claim against (party)]. Any other use is not authorized.

Expiration
This authorization expires on [date no later than one year from signing] or on [event], whichever is earlier. [If I want a later date, I write it here and initial: (date) (initials)].

Revocation and other rights
I can revoke this authorization in writing sent to [address], except for releases already made in reliance on it, and except that, if I signed it to obtain insurance coverage, other law may give the insurer the right to contest a claim under the policy or the policy itself. My treatment, payment, enrollment and eligibility do not depend on signing. A recipient may redisclose the information, and federal privacy law may then no longer protect it.

Copy
I have a right to a copy of this authorization. I will receive a copy when I sign, with instructions for getting more copies or a digital version.

Signature (used only for this authorization): _____ Date: [MM/DD/YYYY]
If not the patient, name and relationship: [legal representative / beneficiary / personal representative of the estate]