



Authorization for Release of Patient Information

I hereby authorize

Disclosing party: _____
Address: _____
City/State/Zip: _____

To disclose to

Name of recipient: _____
Address: _____
City/State/Zip: _____
Phone/Fax: _____

Medical records/information pertaining to

Patient name _____ MR No. _____
Date of birth _____ Phone No. _____
Address _____

Medical records/information to be disclosed

_____ Medical _____ Mental Health _____ Drug/Alcohol _____ HIV blood test
Other (include dates) _____

Purpose of disclosure

- At the request of the patient
- Other _____

Revocation: This authorization is subject to written revocation at any time. The revocation will be effective upon receipt, except to the extent that the disclosing party or others have acted in reliance upon it. Re-disclosure: I understand that the recipient may not lawfully further use or disclose this information unless another authorization is obtained or unless such use or disclosure is specifically required or permitted by law. Voluntary authorization: Authorization to release health information is voluntary. Treatment, payment, or operations will not be conditioned on signing an authorization. Copy: You are entitled to receive a copy of this authorization. Please see your *Notice of Privacy Practices* for a complete list of your rights. Duration: This authorization shall become effective immediately and shall remain in effect for one year from the date of signature unless a different date is specified here: _____.

Signature _____ Date _____

Relationship (if other than patient) _____

NOTICE

San Mateo Medical Center is required by law to keep your health information confidential. If you have authorized the disclosure of your health information to someone who is not required to keep it confidential, it may not be protected by state or federal confidentiality laws.

You may mail or personally deliver your authorization to the applicable location below:

- San Mateo Medical Center (650) 573-2354
222 W. 39th Avenue, San Mateo 94403
- Behavioral Health & Recovery Services (650) 573-3571
1950 Alameda De Las Pulgas, San Mateo 94403
- Burlingame Long Term Care (650) 692-6381
1200 Trousdale, Burlingame 94010
- Coastside Clinic (650) 573-3941
225 Cabrillo Hwy S, 200A Half Moon Bay 94019
- Correctional Health Services (Adult) (650) 363-4134
300 Bradford Street, Redwood City 94063
- Daly City/North County Clinic (650) 301-8600
380 90th Street, Daily City 94015
- Daly City Youth Health Center (650) 985-7000
2780 Junipero Serra Blvd, Daly City 94015
- Fair Oaks Clinic (650) 364-6010
2710 Middlefield Road, Redwood City 94063
- Fair Oaks Children's Clinic (650) 261-3710
630 Laurel Street, Redwood City 94063
- Menlo Park Methadone Clinic (650) 578-7190
795 Willow Road Bldg 332, Menlo Park 94025
- Sequoia Teen Wellness Center (650) 366-2927
200 James Avenue, Redwood City 94062
- South County Mental Health (650) 363 4111
802 Brewster Avenue, Redwood City 94063
- South San Francisco Clinic (650) 877-7070
306 Spruce Street, South San Francisco 94080
- Willow Clinic (650) 599-3890
795 Willow Road Bldg 334, Menlo Park 94025
- Youth Services Center, c/o Correctional Health Services (650) 312-8807
222 Paul Scannell Dr., San Mateo 94402