



AUTHORIZATION TO RECEIVE OR RELEASE CONFIDENTIAL INFORMATION

DISCLOSER: The Hill Medical Corporation

Patient Name: _____

Explanation:

Attorney Name: _____

This document notifies all providers that receive it that the above named patient/records subject has retained the services of the Requesting Attorney named above to investigate and possibly pursue claims for compensation against third parties and is in need of the requested records for that purpose. This document authorizes the Requesting Attorney and his office to receive or release confidential information that complies with the terms of the appropriate governing codes, including California Civil Code § 56 et seq., California Health and Welfare Code, California Evidence Code § 1158, the Health Insurance Portability and Accountability Act (HIPAA) and others.

Designation of Personal Representative – 945 C.F.R. §164.502(g)

I hereby designate the Requesting Attorney named above as my personal representative pursuant to HIPAA for the sole purposes of obtaining access to my personal health care information in accordance with 945 C.F.R. 164.524, and obtaining disclosures in accordance with 945 C.F.R. 164.528.

Patient Authorization

I, the above named patient or parent/guardian thereof, hereby authorize all the Discloser named above, The Hill Medical Corporation to furnish to an agent, designee or representative of the Requesting Attorney any and all of my medical records and information whether written, electronic or otherwise, including billings, charts, notes, diagnostic images or other documents (“Medical Records”). I further authorize and permit the Discloser to discuss my Medical Records and any information regarding care or services obtained from Discloser with the Requesting Attorney and to allow the Requesting Attorney to examine anything pertaining to me for the purpose of performing business and/or legal activities pertinent to the patient/client.

The type and amount of information to be used or disclosed is as follows:

- The entire record, including all documents included in the patient’s chart (including but not limited to the categories listed below):
 - Progress notes, provider notes, nursing notes, doctor’s notes, reports and orders, emergency and urgent care records, billing statements, problem list, medication list, list of allergies, immunization record, histories and physicals, discharge summaries, laboratory results, x-ray and imaging reports and films,

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Leonard V. Petrus, M.D.	Andrew B. Harris, M.D., Ph.D.	Heather G. Moreno, M.D.	Geraldine H. Chang, M.D.

appointment records and sign in sheets, consultation reports, counselor and therapist notes, photographs, videotapes, digital and other images.

- I understand that the information included in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and diagnosis/ treatment/referral for alcohol and/or drug or substance abuse.
- There is no limit as to the time frame of the documents sought except as specifically noted by the Requester.
- The Requester's ability to receive care or coverage will not be affected by the Requester's decision to authorize the release of records.
- I understand that I have the right to revoke this authorization in writing at any time, except to the extent that action has already been taken in reliance on this authorization. Once revoked, the information described above may no longer be used or disclosed for the purposes described in this authorization. Unless otherwise revoked, this authorization will expire two years from the date it is signed. I understand that I have the right to receive a copy of this authorization. A copy of this authorization will be as valid as an original.
- I further acknowledge and understand that any disclosure information carries with it the potential for re-disclosure by the recipient and the information may not be protected by federal confidentiality rules.
- Disclosure or re-disclosure to any other entity or organization is expressly denied, including, but not limited to all insurance databases such as the "BI Index" and/or MLB.
- You are on notice of my interest in pursuing a recovery from any liable third parties in accordance with State and Federal law as well as any applicable contract provisions concerning the presentation of any potential liens on my potential recovery.
- I acknowledge receipt of a copy of this authorization.

Signature of Patient, Parent or Legal Guardian

Signature of Legal Representative