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**Authorization to Release or Transfer Health Information**

Written authorization for release of patient identifiable medical information is required by state and federal regulations in most situations. To be valid the following information must be provided to the patient, or patient's representative, and the patient, or representative, must identify the information to be released, and sign and date this document. Confidentiality of Medical Information Act (CMIA), [Civil Code §56.11] and HIPPA [45 C.F.R. §164.508].

Full Legal Name of Patient: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Authorization

I hereby authorize Dr. Michelle Kwok, to release to:

\_\_\_\_\_

The following information;

a. \_\_\_\_\_ All health information pertaining to my medical history, or physical condition and the treatment received. (This DOES NOT include any mental health, alcohol or substance abuse, or HIV information that is subject to special confidentiality protections.)

OR

b. \_\_\_\_\_ Only the following records of health information, (include approximate or exact service dates if known): \_\_\_\_\_

Expiration

This authorization expires on \_\_\_\_\_

Purpose

The purpose of requested use or disclosure:

\_\_\_\_\_ Patient request

OR

\_\_\_\_\_ Other: \_\_\_\_\_

My Rights

I may refuse to sign this authorization. My refusal will not affect my ability to obtain treatment or payment or eligibility for benefits. I will be given a copy of this authorization upon completion. I may revoke this authorization at any time, but I must do so in writing and submit it to the following address: Dr. Michelle Kwok 1510 Fashion Island Blvd., Suite 110, San Mateo, CA 94404. My revocation of a prior authorization will take effect upon receipt, except to the extent that others have acted in reliance upon that authorization. I may inspect or obtain a copy of the health information that I am authorizing to be disclosed. Information disclosed pursuant to this authorization could be re-disclosed by the recipient. Such re-disclosure might not be protected by California law or federal HIPAA law, depending on the circumstances. CMIA prohibits such re-disclosure without a new written authorization except as specifically permitted or required by law. [California Civil Code §56.13]

Charges

I understand that you may charge me a reasonable fee incurred in making the records available and any postage costs incurred for mailing the records may be charged to me. I hereby agree to pay the charges specified above before release of the medical information or records. I would like to be notified as to how much these records will cost prior to the release of records.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

If not signed by patient, please indicate relationship below:

\_\_\_\_\_ Parent or guardian of minor patient (to the extent minor could not have consented to the care.)

\_\_\_\_\_ Guardian or conservator of an incompetent patient.

\_\_\_\_\_ Beneficiary, administrator of the estate or personal representative of deceased patient.

Notes: Other laws govern the release of the records and information regarding certain mental health conditions, alcohol or substance abuse, and HIV test results. Those laws require, among other things, a separate authorization by the patient for each disclosure of health information or medical records. If any of the HIPAA recognized exceptions to this statement apply, then this statement must be changed to reflect the consequences to the individual if he/she refuses to sign the authorization. Such exceptions allow a covered entity to condition treatment, health plan enrollment or benefit eligibility on the provision of an authorization as follows: (i) to conduct research -related treatment, (ii) to obtain information in connection with a health plan's eligibility or enrollment determinations relating to the individual or for its underwriting or risk rating determinations, or (iii) to create health information to provide to a third party or for disclosure of the health information to such third party. Under no circumstances, however, may an individual be required to authorize the disclosure of psychotherapy notes.