



AUTHORIZATION FOR USE OR DISCLOSURE OF MEDICAL INFORMATION

I hereby authorize

Name

Street Address Suite #

City State Zip Code

To The Attention Of

to release information from my medical records, including psychiatric, alcohol abuse, drug abuse and acquired immunodeficiency syndrome (IDS) records, and/or tests for or infection with human immunodeficiency virus (HIV) TO:

- San Diego Cancer Center 910 Sycamore Avenue, Suite 102 Vista, CA 92081-7833 (760) 598-1700 / (760) 598-1196 fax Doctor:
San Diego Cancer Center 1200 Garden View Rd. Suite 200 Encinitas, CA 92024-1393 (760) 634-6661 / (760) 634-6646 fax Doctor:

This authorization is limited to the following medical records and type of information:

- Entire Records ER Report Other
Pertinent records to include Discharge Summary, History & Physical, Consultations, Operative Reports, Lab Work, X-ray Reports, Diagnostic Reports, and Pathology Reports

The requestor may use the medical records and type of information authorized only for the following purposes:

- Continuing Medical Care Insurance Claim Legal Matter
Personal Copy Inspection of Record Only Other

This authorization shall become effective immediately and shall remain in effect until

- 1 year from the date of this authorization or Date

I understand that the requestor may not further use or disclose the medical information unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law.

I understand that I have a right to receive a copy of this authorization form upon my request.

Copy requested and received:

- YES NO

I hereby release my attending physicians and their associated, and the hospital and its employees and agents from any liability from the release of this information.

Date: Signature: (Patient/Legal Representative)

Patient's Printed Name: Patient's Birthdate:

If signed by other than Patient, indicate relationship: Patient's Phone #:

Social Security Number

Patient has the right to revoke this authorization at any time. initials