

**AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION
RIDGECREST REGIONAL HOSPITAL**

Address: 1081 N. China Lake Blvd. Ridgecrest CA, 93555 Phone: 760-499-3668 Email: MedicalRecords@rrh.org

Completion of this document authorizes the disclosure and/or use of health information about you.
Failure to provide all information requested may invalidate this Authorization.

**If you have not received a response to your request within 10 business days, please call us
immediately at (760) 499-3668**

EXPIRATION

This authorization expires (not to exceed 12 months): _____ / ____ / _____ (month/day/year)
If left blank, this Authorization will expire one year from the date the Authorization is signed.

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 may inspect or obtain a copy of the health information that I am being asked to allow the use or disclosure of. I may revoke this authorization at any time, but I must do so in writing and submit it to the following address:

**Ridgecrest Regional Hospital
Health Information Management
1081 N. China Lake Blvd., Ridgecrest, CA 93555.
Email: MedicalRecords@rrh.org**

My revocation will take effect upon receipt, except to the extent that others have acted in reliance upon this Authorization. I have a right to receive a copy of this Authorization. Information disclosed pursuant to this Authorization could be re-disclosed by the recipient. Such re-disclosure is, in some cases, not protected by California law and may no longer be protected by HIPAA.

SIGNATURE (Sign Below)

Date: _____ Time: _____ AM/PM

Signature: _____
(Patient/Representative/Spouse/Financially Responsible Party)

State your legal relationship if signed by someone other than the patient: _____

Witness: _____

RELEASE OF DOCUMENTATION (Staff Use Only)

Picked Up By: _____

ID Checked: _____ Driver's License: _____

Other: _____

Released by: _____ Date: _____



AUTHORIZATION FOR USE OR DISCLOSURE OF MEDICAL
INFORMATION