

SPANISH HILLS MEDICAL GROUP

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RELEASE OF MEDICAL OR FINANCIAL INFORMATION

DUE TO RECENT CHANGES IN THE STATE AND FEDERAL POLICY RELATING TO PRIVACY IT IS NECESSARY TO HAVE WRITTEN PERMISSION TO DISCUSS ANY PERSONAL, MEDICAL OR FINANCIAL INFORMATION SUCH AS LABORATORY, RADIOLOGY, DIAGNOSIS AND PROGNOSIS WITH ANYONE OTHER THAN YOURSELF SUCH AS HUSBANDS, WIFES, CHILDREN OR OTHER RELATIVES OR FRIENDS.

PLEASE LIST BELOW ANY PERSONS FOR WHOM YOU WILL ALLOW US TO RELEASE ANY MEDICAL OR FINANCIAL INFORMATION TO. IF NO ONE IS LISTED THEN WHE WILL ONLY DISCUSS YOUR MEDICAL OR FINANCIAL INFORMATION WITH YOU. INFORMATION WILL STILL BE PROVIDED TO OTHER HEALTH CARE PROVIDERS, HOSPITALS OR YOUR INSURANCE COMPANIES FOR THE PURPOSE OF AUTHORIZATIONS OR OTHER TREATMENT OR SPEACIALTY REFERRALS. INFORMATION TO OTHER ENTITY WILL NEED YOUR SEPARATE SIGNATURES SPECIFICALLY AUTHORIZING THEM TO ACCESS YOUR RECORDS.

IN ORDER TO RELEASE THE FOLLOWING CONFIDENTIAL INFORMATION PLEASE CHECK THE BOX NEXT TO WHAT INFORMATION IS TO BE DISCLOSED:

- PSYCHIATRIC INFORMATION _____ (INITIALS & DATE)
 DRUG/ALCOHOL _____ (INITIALS & DATE)
 HIV TEST RESULTS _____ (INITIALS & DATE)

I HEREBY AUTHORIZE YOU TO RELEASE MY MEDICAL OR FINANCIAL INFORMATION TO THE FOLLOWING:

NAME	RELATIONSHIP
_____	_____
_____	_____
_____	_____
_____	_____

IF YOU HAVE ADDITIONAL NAMES PLEASE LIST THEM ON BACK OF THIS NOTICE.

PATIENT NAME

SIGNATURE

DATE OF BIRTH

DATE