

Medical Records

ext. 3124 Patricia

Patricia ext. 461-324

**AUTHORIZATION FOR USE AND DISCLOSURE OF MEDICAL INFORMATION**

REC'D AUG 10 2009

Medical Record Number: 62-60-41  
(hospital staff to complete)

6-20-08 XAO

6-20-08 XAO

11-1-05 OAC

Please provide the following information. Please write legibly or print. All items must be addressed to avoid delays in processing your request for information.

Patient Name Tiffany Kay Anderson Phone Number 209-263-7132  
Address 1516 Sylvan way #205 City/State/Zip Lodi CA 95242  
Birth Date 8-22-1970

6-9-04 OAC

Please send a copy of my medical records to:

Person or Organization to receive information Tiffany Anderson  
Address 1516 Sylvan way #205 City/State/Zip Lodi CA 95242  
Phone Number 209-263-7132 Fax Number Same / as home

Purpose of disclosure:

- Continued care
- Personal use
- Attorney
- Insurance
- Other (specify)

Information to be released:

- Discharge Summary
- History and Physical
- Operative Report
- Lab test - date, type of test (if known)
- X-ray - date, type of x-ray (if known)
- Other - specify

all documents on file regarding my health or lack thereof from 4-04 to current date 8-09

Date(s) of admission/procedure

1-21-05 10-1-05  
2 separate incidents

Unless otherwise specified, I understand that the information to be released may contain HIV or mental health information.

I am providing this authorization voluntarily and understand that treatment, payment, enrollment or eligibility of benefits cannot be conditioned on my signing this document. I understand that I may inspect or copy the information to be used or disclosed. I understand that the information used or disclosed may be subject to redisclosure by the receiving party and then would no longer be protected by federal regulation. I may revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing and present my written authorization to the Medical Records Department of Dameron Hospital. I further understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy.

FORM NO. MR-8700-935 (1/8/09)



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MOUNTAIN VALLEY PHOTOCOPY

AUG 27 2009

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