





## OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA

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## AUTHORIZATION FOR RELEASE OF PATIENT HEALTH INFORMATION

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Medical Records No:** \_\_\_\_\_ **Date of Death:** \_\_\_\_\_  
(if applicable) (if applicable)

**Our Ref No:** \_\_\_\_\_

***I, the undersigned hereby authorize:***

**Physician/Facility:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip Code:** \_\_\_\_\_

**Telephone Number(s):** \_\_\_\_\_

**Treatment Date(s):** \_\_\_\_\_

to provide records in the course of my diagnosis and treatment to the Osteopathic Medical Board of California, a healthcare oversight agency. This disclosure of records authorized herein is required for official use, including investigation and possible administrative proceedings regarding any violations of the laws of the State of California. This authorization shall remain valid for three years from the date of signature. **A copy of this authorization shall be as valid as the original.** I understand that I have a right to receive a copy of this authorization if requested by me. I understand that I have the right to revoke this authorization by sending written notification to the Osteopathic Medical Board of California at the above address. My written revocation will be effective upon receipt by the Osteopathic Medical Board of California but will not be effective to the extent that such persons have acted in reliance upon this Authorization. I understand that the recipient of my information is not a health plan or health care provider and the released information may no longer be protected by federal privacy regulations.

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**or Legal Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Relationship**

**NOTE TO PROVIDER:** Failure by a physician to provide the requested records within 15 days, or health care facility within 30 days, of receipt of the request and authorization may be construed to be a violation of the Business and Professions Code Section 2225.5 and may result in further action by the Board. This release is compliant with the requirements of HIPAA and Civil Code Section 56.11.