





Authorization for Use or Disclosure of Health Information  
 Riverside Medical Clinic  
 Medical Record Department  
 7117 Brockton Avenue, Riverside CA 92506  
 Phone: 951-782-6272 Fax: 951-784-6481

Legendary Care™

<b>Delivery Instructions</b>	<input type="checkbox"/> Mail records directly to person or organization specified <input type="checkbox"/> Call Requester when records are ready for pick up  I authorize _____ to pick up my medical record copies. Relationship to patient: _____ <input type="checkbox"/> Other: _____
<b>Notice of Rights</b>	I understand that: <ol style="list-style-type: none"> <li>1. If I refuse to sign this authorization, my refusal will not affect my ability to obtain treatment.</li> <li>2. I may inspect or obtain a copy of the health information that I am being asked to allow the use or disclosure of.</li> <li>3. I may revoke this authorization at any time in writing, signed by me or on my behalf and delivered to: Riverside Medical Clinic, 7117 Brockton Ave., Riverside CA 92506</li> <li>4. If I revoke this authorization, the revocation will not have any effect on any actions taken prior to receiving the revocation.</li> <li>5. I have a right to receive a copy of this authorization.</li> <li>6. Information disclosed pursuant to this authorization could be re-disclosed by the recipient and may no longer be protected by federal confidentiality law (HIPAA). However, California law prohibits the person receiving my health information from making further disclosure of it unless another authorization for such disclosure is obtained from me or unless such disclosure is specifically required or permitted by law.</li> </ol>
<b>Expiration</b>	Without my written revocation, this authorization will automatically expire upon satisfaction of the need for disclosure, but in any event will expire 180 days from the date hereof, unless otherwise specified: _____
<b>Signature</b>	Signature: _____ (Patient or Legal Representative)  Legal Representative Relationship: _____ Date: _____ Witness: _____