Chico Eye Center

Pablo M. Arregui, M.D., Inc.
Benjamin N. Gilbert, M.D., Inc.
Heidi E. Houlihan, M.D., Inc.
Sean M. Liston, M.D., Inc.
Steven J. Warne, O.D.
Marina L. Rocchi, O.D.

AUTHORIZATION FOR USE OR DISCLOSURE
OF MEDICAL INFORMATION

Explanation: This authorization for use or disclosure of medical information is being requested of you to comply with the terms of the Confidentially of Medical Information Act of 1991, Section 56, et seq California Civil Code.

AUTHORIZATION:
I hereby authorize:_____

To furnish to: _____
medical records and information pertaining to medical history, mental or physical condition services rendered, or treatment of.

_____
Patient Name (Please Print) Patient D.O.B.

This authorization is limited to the following medical records and type of information related to the health of the eyes.
USES: The requester may use the medical records and type of information authorized only for the purposes of medical treatment.
DURATION: This authorization shall become effective immediately and shall remain in effect until revoked.
RESTRICTIONS: I understand that requester may not use further the disclosed medical information unless another authorization is obtained from the below signed or unless such use or disclosure is specifically required or permitted by law.
ADDITIONAL COPY: I further understand that I have the right to receive a copy of this authorization upon my request.
Copy requested: YES_____ NO_____

Copy received: INITIAL:_____

SIGNATURES:

_____
Patient, Representative, Spouse *Financially Responsible Party Date

If signed by other by other than the patient, indicate relationship:_____

*A spouse or financially responsible party may only authorize release of medical information for use in processing an application for the patient, as a spouse or dependent, for a health insurance plan or policy, a non-profit hospital plan, a health care service plan or an employee benefit plan.

1/2013

Chico South
2056 Talbert Dr. Ste.100
Chico, CA 95928
530.893.1695
530.893.2458 Fax

Chico Main
605 W. East Ave.
Chico, CA 95926
530.895.1727
530.895.1506 Fax

Paradise
6585 Clark Rd. Ste. 340
Paradise, CA 95969
530.872.3519
530.872.3529 Fax

www.chicoeye.com

E-mail: info@chicoeye.com