



## EXPIRATION

This authorization expires (Date): \_\_\_\_\_

If no Date is given; this authorization will expire 6 months from the signature date.

## MY RIGHTS

I may refuse to sign this authorization. If I refuse to sign this authorization, I should know that by law, my health information cannot be released. My refusal will not affect my ability to obtain treatment or payment or eligibility for benefits.

I may inspect or obtain a copy of the health information that I am being asked to allow the use or disclosure of.

I may revoke this authorization at any time, but I must do so in writing and submit it to Santa Rosa Memorial Hospital or Petaluma Valley Hospital, listed below.

My revocation will take effect upon receipt, except to the extent that others have acted in reliance upon this Authorization.

I have a right to receive a copy of this authorization.

Information disclosed pursuant to this authorization could be re-disclosed by the recipient. Such re-disclosure is in some cases not protected by California law and may no longer be protected by federal confidentiality law (HIPAA).

## SIGNATURE

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

Legal Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Patient representative) Please Print Name: \_\_\_\_\_

If signed by someone other than the patient, state your legal relationship to the patient and why you have the authority to act for the patient: \_\_\_\_\_

To release mental health records we must obtain authorization from the physician who attended the patient during their stay and must be treated as confidential under State Regulation (Welfare & Institutions Code 5328).

## SUBMIT REQUEST TO:

### SANTA ROSA MEMORIAL HOSPITAL

ATTN: HEALTH INFORMATION  
MANAGEMENT DEPT.

ADDRESS: 1165 Montgomery Drive 1W02  
Santa Rosa, CA 95405

PHONE: (707) 522-4396

FAX: (707) 476-2232

EMAIL: ROI.SRM.HIM@stjoe.org

WEBSITE: <https://www.providence.org/about/medical-records-authorization/medical-records-ca>

### PETALUMA VALLEY HOSPITAL

ATTN: HEALTH INFORMATION  
MANAGEMENT DEPT.

ADDRESS: 400 N. McDowell Blvd.  
Petaluma, CA 94954

PHONE: (707) 778-2525

FAX: (707) 476-2231

EMAIL: ROI.PVH.HIM@stjoe.org

WEBSITE: <https://www.providence.org/about/medical-records-authorization/>

### QUEEN OF THE VALLEY MEDICAL CENTER

ATTN: MEDICAL RECORDS

ADDRESS: 1000 Trancas Street  
Napa, CA 94558

PHONE: (707) 252-4411

FAX: (707) 934-2928

EMAIL: ROI.QVMC.HIM@providence.org

WEBSITE: <https://www.providence.org/about/medical-records-authorization/medical-records-ca>

## HOSPITAL USE ONLY

### PHYSICIAN RELEASE OF MEDICAL RECORD

APPROVED By Physician Name: \_\_\_\_\_ Date: \_\_\_\_\_ HIM Staff initials: \_\_\_\_\_

DENIED - REASON FOR DENIAL: \_\_\_\_\_

MD Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Request completed by hospital staff: \_\_\_\_\_ Date: \_\_\_\_\_

### AUTHORIZATION FOR USE OR DISCLOSURE OF HEALTH INFORMATION



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SJHS-2052 (10/2/20)  
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