

This is a sample. Your actual document will vary depending on the answers you provide to the form questions.

**AUTHORIZATION FOR HEALTH CARE PROVIDER TO RELEASE
MEDICAL INFORMATION**

(California Civil Code section 56 - Confidentiality of Medical Information Act)

I, the undersigned, hereby authorize the release of Joe Jester's ("Patient") medical information as follows:

1. The health care provider, contractor, or health care service plan authorized to disclose the Patient's medical information is:

Hospital Medical Center
1234 Side Street
Downsouth, CA 91234

2. The person or entity authorized to receive the Patient's medical information is:

Corporate America, Inc.
4321 Right Road
Upnorth, CA 94321

3. The medical information to be released is:

• Pathology Reports • Progress Notes • Lab Reports/Tests • X-ray Reports
• Inpatient Data • Immunizations • Discharge Summary • Outpatient Data
• Emergency Record • Consultation Reports • Operative Reports

This sample represents only part of a completed document.
The remainder of the document has intentionally been omitted.