

**Patient Name:** \_\_\_\_\_  
**Medical Record number:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_  
**Zip Code:** \_\_\_\_\_ **Phone #:** ( ) \_\_\_\_\_  
**Email:** \_\_\_\_\_

**AUTHORIZATION FOR USE  
 OR DISCLOSURE OF PROTECTED  
 HEALTH INFORMATION**

Note: Fees may apply to certain requests

**Kaiser Permanente may release this information to:**  Check if same as above  
**Recipient Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Phone #** ( ) \_\_\_\_\_ **Email/Fax #:** \_\_\_\_\_

**This disclosure can be used for the following purpose(s):**  Personal Use  Legal  Insurance  
 Medical Treatment  Medical Condition Verification  Disability  FMLA  Workers' Comp

**Check ONLY one of the following three options to identify the health information to be released and be specific.**

**Option 1:** Form for Physician Signature (a substitute form or relevant medical records may be released)  
 **Option 2:** Last 2 years of Kaiser Permanente Medical Office records  
 **Option 3:** Records as specified. You must complete Step 1 and Step 2 below.

Step 1. Enter date range or date(s) of the records to be released: \_\_\_\_\_  
 Step 2. Select types of records to be released:  
 ALL RECORDS  Diagnostic Images/X-Rays  Diagnostic Image/X-Ray Records  
 Itemized Billing  Pharmacy  Lab Results  Office Visits  
 Other (provider, department, specialty): \_\_\_\_\_

**NOTE:** Hospital and Medical Office records released as part of this authorization may contain references related to mental health, addiction, and HIV medical conditions.

**Check the boxes below if you want this release to include the following information, Otherwise, this information will be excluded.**

**Genetic Testing Records**  
 **Mental Health Treatment Records**  **Addiction Medicine Treatment Records**  **HIV Test Results**

**Media Type:**  Email  CD  Paper **Delivery Preference:**  Email  Mail  Pickup

**DURATION:** Authorization shall remain in effect for one year from the date of signature below. However, in Washington, D.C. permission to release addiction medicine treatment records expires after six (6) months.  
**REVOCATION:** You or your personal representative may cancel this authorization for future releases by submitting a written request to the Release of Information Unit listed for your region of service on the reverse side of this form. Your cancellation will not affect information that was released prior to receipt of the written request.  
**REDISCLASURE:** Once this information is released, it may not be protected under federal privacy law (HIPAA). State or other federal law may require the recipient to obtain your authorization before further disclosure.

Kaiser Permanente may not condition treatment, payment, enrollment, or eligibility for benefits on whether you sign this authorization. This disclosure is made at your request. For Virginia patients, a copy of this authorization, and a note stating to whom your information was disclosed will be included in your medical record. A copy of the original authorization is valid. You have a right to a copy of this completed authorization.

\_\_\_\_\_  
 Date Signature \_\_\_\_\_ If personal representative, print name/relationship

“Kaiser Permanente” means both your insurance company (a Kaiser Permanente health plan) and your doctors (a Permanente medical or dental group). It also includes different groups depending on where you live.

**All states where we do business:**

- Kaiser Foundation Hospitals

**California:**

- Kaiser Foundation Health Plan, Inc., Northern California Region
- The Permanente Medical Group
  
- Kaiser Foundation Health Plan, Inc., Southern California Region
- Southern California Permanente Medical Group

**Colorado:**

- Kaiser Foundation Health Plan of Colorado
- Colorado Permanente Medical Group, P.C.

Colorado Adapted Form Version February 2017.  
To be used for Colorado records and sent to  
Health Information Services - Fax 303-404-4750  
11000 E. 45th Ave. Denver CO 80239

**Georgia:**

- Kaiser Foundation Health Plan of Georgia, Inc.
- The Southeast Permanente Medical Group, Inc.

**Hawaii:**

- Kaiser Foundation Health Plan, Inc., Hawaii Region
- Hawaii Permanente Medical Group, Inc.

**Mid-Atlantic States:**

- Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
- Mid-Atlantic Permanente Medical Group, P.C.

**Northwest:**

- Kaiser Foundation Health Plan of the Northwest
- Northwest Permanente, P.C.
- Permanente Dental Associates, P.C.