



MONTEREY COUNTY, CALIFORNIA
SHERIFF'S OFFICE
 Keeping the peace since 1850

**MEDICAL
 RELEASE**

1414 Natividad Road, Salinas CA 93906 ■ (831) 755-3700 ■ www.montereysheriff.org

AUTHORIZATION TO USE AND/OR DISCLOSE HEALTH INFORMATION

EXPLANATION

Your authorization for the use and/or disclosure of individually identifiable medical/health information is being requested, in order to comply with the provisions of California and Federal law, including both the Confidentiality of Medical Information Act of 1981, Civil Code Section 56, *et seq.*, and the federal Health Insurance Portability and Accountability Act ("HIPAA").

AUTHORIZATION

I hereby authorize _____
Facility name(s) – Printed
 to furnish to the MONTEREY COUNTY SHERIFF'S OFFICE copies of medical records and information pertaining to: the medical history; mental and/or physical condition(s); service(s) rendered; and/or treatment of:

_____ **Name of Patient** _____ **Date of Birth** _____

This authorization is limited to the following medical records and type(s) of information: Records or information pertaining to my medical history; injuries; and my health care
 from _____ to _____
Enter inclusive dates

I agree that any and all persons competent to do so may testify as to such records and the health or other information contained in them in any relevant legal or administrative proceeding.

USES

The requester may use the medical records and type of information authorized only for the following purpose(s):

DURATION

This Authorization shall become effective immediately and shall remain in effect until _____
Enter Date – not to exceed one year
 unless sooner revoked by me in writing. My revocation will be effective upon receipt, but will not be effective to the extent that the Sheriff's Office or others have acted in reliance upon this Authorization.

_____ **Patient / Legal Representative** _____ **Date** _____

If signed by Legal Representative, state your relationship to the patient: _____

_____ **Witnessed** _____ **Date** _____