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| Delivery Instructions | <input type="checkbox"/> Mail records directly to person or organization specified <input type="checkbox"/> Call Requestor when records are ready for pick up I authorize _____ to pick up my medical record copies. Relationship to patient: _____ <input checked="" type="checkbox"/> E-mail: <u>service@hoosierservicesinc.com</u> <input type="checkbox"/> Other: _____ |
| Notice of Rights | I understand that: <ol style="list-style-type: none"> 1. If I refuse to sign this authorization my refusal will not affect my ability to obtain treatment. 2. I may inspect or obtain a copy of the health information that I am being asked to allow the use or disclosure of. 3. I may revoke this authorization at any time in writing, <u>signed by me or on my behalf and delivered to Cedars-Sinai Medical Center, Health Information Department, 8700 Beverly Blvd., Room 2901, Los Angeles, CA 90048.</u> 4. If I revoke this authorization, the revocation will not have any effect on any actions taken prior to receiving the revocation. 5. I have a right to receive a copy of this authorization. 6. Information disclosed pursuant to this authorization could be re-disclosed by the recipient and may no longer be protected by federal confidentiality law (HIPAA). However, California law prohibits the person receiving my health information from making further disclosure of it unless another authorization for such disclosure is obtained from me or unless such disclosure is specifically required or permitted by law. 7. If this <input type="checkbox"/> is checked, the Requestor will receive compensation for the use or disclosure of my information. |
| Expiration | Without my written revocation, this authorization will automatically expire upon satisfaction of the need for disclosure, but in any event will expire 180 days from the date hereof, unless otherwise specified: _____ |
| Signature | Signature: _____ <i>(Patient or Legal Representative)</i> Date: _____ Legal Representative Relationship: _____ |

Health Information Management Department
8700 Beverly Blvd., Room 2901, Los Angeles, CA 90048
Email: GroupHIDInternetInquiries@cshs.org
Fax: 310-423-0113