LONG VALLEY HEALTH CENTER
Post Office Box 870 Phone 707-984-6131
Laytonville, California 95454 FAX: 707-984-6990

Authorization of Use and Disclosure of Protected Health Information

Information will be released from ❒ **Long Valley Health Center to:**	**Information will be released to:** ❒ **Long Valley Health Center from:**
Name of person/organization	Name of person/organization
Address	Address
City/State/Zipcode	City/State/Zipcode
Phone	Phone
FAX	FAX
Information to be released:	**Purpose of Disclosure:**

Expiration Date of Authorization:
This authorization is effective through _____/_____/_____ unless revoked/terminated earlier by the patient and/or the patient's personal representative.

Right to Terminate or Revoke Authorization:
You may revoke or terminate this authorization by submitting a written revocation to Long Valley Health Center. You should contact the Privacy Officer to terminate this authorization.

Potential for Re-disclosure:
Information that is disclosed under this authorization may be disclosed again by the person/organization to which it is sent. It may not be possible to ensure your right to the protection of the privacy of this information once Long Valley Health Center releases it.

Patient Name: Date of Birth

(Type or Print)

Patient Signature

Signature of Patient Representative

DATE: _____

Relationship to Patient