

**AUTHORIZATION FOR THE DISCLOSURE OF
HEALTH INFORMATION FROM
CEDARS-SINAI MEDICAL GROUP**



This authorization for use or disclosure of health information is being requested of you the terms of the Confidentiality of to comply with Medical Records Act of 1981, Civil Code Section 56 et seq.

Patient Information
(Please Print)

Patient's Name _____
Last First Initial

Address _____

City State Zip Code

Home Phone (____) _____ Work Phone (____) _____

Birthdate _____ Social Security Number _____

Release and use of Information

I the undersigned, authorize Cedars-Sinai Medical Group at:

250 N. Robertson Blvd., #606 #502 #102 , Beverly Hills, CA 90211

200 N. Robertson Blvd., #205 #300 #303 , Beverly Hills, CA 90211

5901 W. Olympic Blvd., #201, Los Angeles, CA 90036

8635 W. 3rd St., #295W #870W #990W , Los Angeles, CA 90048

99 N. La Cienega Blvd., #201 #202 #206 Beverly Hills, CA 90211

13320 Riverside Dr., #208, Sherman Oaks, CA 91423

to furnish to: _____
Name of Physician, Medical Group, or Healthcare Provider

Address _____

City State Zip Code

medical information pertaining to medical history, mental or physical condition, services rendered, or treatment of the patient listed above.

This authorization is limited to the following medical records and type of information:

Date(s) of Treatment: _____

CSMG is authorized to use the information supplied for the following purpose(s) only:

This authorization is effective immediately and shall remain in effect until _____ / _____ / _____
Date

Restrictions: I understand that CSMG may not further use or disclose the medical information unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law.

Authorization

I understand that I have the right to receive a copy of this authorization upon my request.

Copy requested and received _____ Yes _____ No

Signature _____

Date _____

Witness _____

- Relationship
- ____ Patient
- ____ Parent
- ____ Guardian
- ____ Conservator
- ____ Legal Representative

Item: MR026B