



**sierra ambulatory surgery center** LLC

400b sierra college drive **grass valley, ca 95945**

phone 530.272.3428

fax 530.272.3429

email sierraasc@gmail.com

### Medical Records Release Authorization Form

Practice/Doctors Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax/E-mail \_\_\_\_\_

Contact Person \_\_\_\_\_

#### Authorization for Release of Identifying Health Information

Patient Name: \_\_\_\_\_ DOB \_\_\_\_\_

Patient Phone Number: \_\_\_\_\_

Patient Address: \_\_\_\_\_

The professional office names above is authorized to release health information identifying (above patient) under the following terms and condition:

1. Description of the information to be released: \_\_\_\_\_
2. To whom the information will be released: **Sierra Ambulatory Surgery Center, Inc., LLC**  
**400B Sierra College Drive, CA 95945 (530)272-3428 Fax (530)272-3429.**
3. Purpose of release: \_\_\_\_\_
4. Expiration date or event: \_\_\_\_\_

It is completely your decision whether or not to sign this authorization form. We cannot refuse to treat you if you do not sign this authorization. You can also review your health information that we have on file, before deciding whether to sign this authorization. Our *Notice of Privacy Practices* explains how you may request access to your identifiable health information, and how we may respond. You simply need to send a written request to the office contact person listed above.

When your health information is disclosed as provided in this authorization, the recipient has no duty to protect its confidentiality. The recipient may re-disclose the information as he/she wishes.

**I have read and understand this form. I am signing it voluntarily; I authorize the disclosure of my health information as described above.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

If signing as a personal representative of the patient, describe the relationship to the patient and the source of authority to sign this form:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship to Patient/Source of Authority

**Keith Mercer, M.D.**

**Matthew Zealear, M.D.**

**John Hagele, M.D.**

**Gregory Porter, M.D.**