

# Office of Dr. Michael N. Rutman, D.O., AMC

North Coast Internal Medicine

## Authorization for Use or Disclosure of Protected Health Information

Michael N. Rutman, D.O., A.M.C.  
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As required by the Health Information Portability and Accountability Act ("HIPPA") if 1996 and California law, North Coast Internal Medicine may not use or disclose your individually identifiable health information except as provided in our Notice of Privacy Practices without your authorization. Your completion of this form means that you are giving your permission for the uses and disclosure described below. Please be aware that once your information leaves Michael N. Rutman, D.O., A.M.C., we will no longer be able to protect that hereby release of Michael N. Rutman, D.O., A.M.C. from any and all legal liabilities that may arise from the release of this information to the party listed below. I hereby authorize Michael N. Rutman, D.O., A.M.C. to obtain or disclose health information concerning:

Patients Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Health information to be used or disclosed (check those which are appropriate):

Entire Medical Record

History/Physical Exams

Consultation Reports

Progress Notes

Laboratory Test

X-ray Results

Telephone Messages

Medication Prescribed

Psychotherapy Notes

Only dates of service from \_\_\_\_\_ to \_\_\_\_\_

**I understand this information may include information relating to mental health diagnosis and treatments, AIDS (Acquired Immunodeficiency Syndrome) or HIV (Human Immunodeficiency Virus) infection, STDs (Sexually Transmitted Diseases) or other communicable diseases and counseling and/or treatment for alcohol and/or drug use/or abuse. Therefore, I DO NOT authorize the release of this type of information.**

The requester may use medical records and type of information authorized only for the following purposes:

Continuing Care

Inspection of Record

Legal Matter

Insurance Claim

Personal Copy

Second Opinion

Other (Please Specify): \_\_\_\_\_

### Information May be Released to:

Michael N. Rutman, D.O., A.M.C.

North Coast Internal Medicine

2355 So. Melrose Dr.

Vista, CA 92081

### Transfer of Information

Physician or Facility Name and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cancellation Notice: Records releases are accomplished in as little as 2-3 days, but no longer than 15 days. You have a right to withdraw your authorization. I understand authorization may be revoked in writing at any time, according to Michael N. Rutman, D.O., A.M.C.'s Notice of Privacy Practices. Unless otherwise revoked, this information will expire (6) months from the authorization date.

After medical provider review, patients will be notified that records from outside the facility will be destroyed unless picked up within 10 days of notification. A minimum of \$5.00 fee applies to requests to mail and may increase depending on postage and weight.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

If not signed by the patient, please indicate relationship:

**Parent or Guardian of Minor Patient**

I hereby declare under penalty of perjury, that I am the natural or adoptive parent or legal guardian of said child and there is no court order restricting or prohibiting my access to such medical records.

**Guardian or conservator of an incompetent patient or representative of deceased patient.**

Name of Patient: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

(Office Use Only Below)

Patient will pick-up. Date of pick up: \_\_\_\_\_

Call when ready (phone #) \_\_\_\_\_