Medical Board of California

Kaiser Authorization for Release of Information

Enforcement Program
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815-5401
Phone: (916) 263-2528
Fax: (916) 263-2435
www.mbc.ca.gov

CHECK ALL RECORD TYPES THAT APPLY

- ☐ Medical Records
- ☐ Diagnostic Images
- ☐ HIV/AIDS
- ☐ Alcohol/Drug Abuse
- ☐ Psychiatric

PATIENT INFORMATION

Patient Name

Date of Birth

Date of Death (If applicable)

Medical Record Number (If known)

Control Number

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I, the undersigned hereby authorize:

☐ Physician/Provider/Facility: Kaiser Permanente (Northern Facilities)

☐ Physician/Provider/Facility: SCPMG/Kaiser Foundation Hospital (Southern Facilities)

Treatment Date(s)

to disclose medical records in the course of my diagnosis and treatment to the **Medical Board of California, Enforcement Program,** a healthcare oversight agency. This disclosure of records authorized herein is required for official use, including investigation and possible administrative and/or criminal proceedings regarding any violations of the laws of the State of California. This authorization shall remain valid for three years from the date of signature. **A copy of this authorization shall be as valid as the original.** I understand that I have the right to receive a copy of this authorization if requested by me. I understand that I have a right to revoke this authorization by sending written notification to the Medical Board of California at the above address. My written revocation will be effective upon receipt by the Medical Board of California but will not be effective to the extent that such persons have acted in reliance upon this Authorization. I understand that the recipient of my information is not a health plan or healthcare provider and the released information may no longer be protected by federal privacy regulations. I am signing this authorization voluntarily and understand that treatment, payment, or my eligibility for benefits will not be affected if I do not sign this authorization.

Patient Signature	Date

- OR -

Legal Representative Name	Relationship to Patient
Legal Representative Signature	Date

NOTE: Failure by a physician, podiatrist, or healthcare provider to provide the requested records within 15 days, or a healthcare facility within 30 days, of receipt of this request and authorization may constitute a violation of Section 2225.5 of the Medical Practice Act and may result in further action by the Board.