

AUTHORIZATION FOR THE RELEASE OF MEDICAL INFORMATION

NOTICE

University of the Pacific and many other organizations and individuals are required by law to keep your health information confidential. If you have authorized the disclosure of your health information to someone who is not legally required to keep it confidential, it may no longer be protected by state or federal confidentiality laws.

YOUR RIGHTS

This authorization to release health information is voluntary. Treatment, payment, enrollment or eligibility of benefits may not be conditioned on signing or refusing to sign this Authorization except in the following cases: (1) to conduct research-related treatment, (2) to obtain information in connection with eligibility or enrollment in a health plan of which the patient is not already a member, (3) to determine an entity's obligation to pay a claim, or (4) to create health information to provide to a third party. This Authorization may be revoked at any time. The revocation must be in writing, signed by the individual on his/her behalf, and delivered to the Privacy Officer, (209) 946-2124, 3601 Pacific Ave, Stockton, CA 95211. The revocation will take effect when Pacific receives it, unless Pacific or others have already relied on it. Immediately upon receipt of a revocation from a student, the Privacy Officer will notify Student Health Services.

(Name of Individual or Agency & Complete