



## HOW TO FILL OUT A HIPAA AUTHORIZATION FORM (#90258, #00859-116):

- 1) **I hereby authorize:** Circle or fill in one or more of the following facilities, Kaiser Antioch, Deer Valley, Livermore, Martinez, Park Shadelands, Pleasanton, or Walnut Creek.
  - 2) **To disclose to:** (Fill in who you would like the information sent to)  
May not disclose to a copy company or records retrieval service. Must be a corporation, attorney, law firm, or insurance company.  
If copies of medical information for yourself, then fill in your name and address.  
If copies of medical information for outside physician, then fill in your outside physician's name and address.  
If predesignation form, then fill in employer's name. (If it goes to you, then you will have to give to your employer)
  - 3) **Name of Member/Patient:** Fill in member/patient name
  - 4) **Medical Record Number:** Fill in member/patient Kaiser medical record number
  - 5) **Date of Birth:** Fill in member/patient date of birth
  - 6) **Address:** Fill in member/patient address
  - 7) **Telephone Number:** Fill in telephone number to be called in case more information is needed to process request or if someone needs to be called to pick up records
  - 8) **SPECIFY RECORDS:**
  - 9) Check medical information box and sign initials on (initial) line
  - 10) And/or check other type/s of information that pertains to you, sign, and date
  - 11) **Specify records to be disclosed:** Please be very specific on what you really need, for example  
Completion of DMV placard form – state the disability, need doctor's name  
Jan 2002 – June 2007 regarding heart attack  
All inpatient (hospital) records—do you want nurses notes or just hospital summary (discharge summary) and/or operative report, and/or HP (history and physical). Nurses notes are not included unless requested.  
All outpatient records- time frame, from what period of time, which medical condition  
Outpatient and inpatient (hospital) records  
Psych chart – if psych chart, then need to sign and date the designated area for psychiatric information
- NOTE: "Nurses notes" are notes of patient by the nurse on what time they took medicine, blood pressure readings, etc. However, a summary of these notes are indicated again in the "progress notes" which are written by the doctor.
- 12) **The recipient may use the health information authorized...for the following purpose:**  
For example, if needed for another outside physician, then **continuity of care**  
If needs copies of medical information for yourself, then **personal use**  
If needed for form, then **completion of form or at my request**  
If needed for FMLA or EDD, then **claims processing**
  - 13) **Date:** Fill in date you sign form
  - 14) **Signature:** Sign. (If signing for another person, must have power of attorney, conservatorship if medical specific)
  - 15) **If Signed by Other than Member/Patient...:** indicate relationship to patient if you are signing for the patient (mother, father, spouse, power of attorney)

For FMLA, PFL, or EDD forms, please fill in **HIPAA authorization** and **FMLA/EDD information sheet**