OMBC
Osteopathic Medical Board of California

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DEPARTMENT OF CONSUMER AFFAIRS • OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA
1300 National Drive, Suite 150, Sacramento, CA 95834
P (916) 928-8390 | F (916) 928-8392 | www.ombc.ca.gov

OTHER PROVIDER/FACILITY AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

CHECK ALL RECORD TYPES THAT APPLY

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

PATIENT INFORMATION

Patient Name
Date of Birth
Medical Record Number (If known) or SSN
Date of Death (If applicable)

I, the undersigned hereby authorize:

Other Provider/Facility (1)			
Street Address			
City		State	Zip Code
Phone Number	Treatment Date(s)		

Other Provider/Facility (2)			
Street Address			
City		State	Zip Code
Phone Number	Treatment Date(s)		

Case Number:

Patient Name:			
Other Provider/Facility (3)			
Street Address			
City		State	Zip Code
Phone Number	Treatment Date(s)		

to provide records in the course of my treatment, including medical, psychiatric, alcohol and drug abuse patient records (original and/or electronic/computer generated) to the OSTEOPATHIC MEDICAL BOARD OF CALIRFORNIA, 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 a right to receive a copy of this authorization if requested by me. I understand that I have the right to revoke this authorization by sending written notification to the Osteopathic Medical Board of California, 1300 National Drive, Suite 150, Sacramento, CA 95834.

My written revocation will be effective upon receipt by OSTEOPATHIC 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 health care provider, and the released information may no longer be protected by federal privacy regulations.

Patient Signature

Date

- OR -

Legal Representative Name

Relationship to Patient

Legal Representative Signature

Date

Note: Pursuant to Business and Professions Code, section 2660.4, a licensee who fails or refuses to comply with a request from the Board for the medical records of a patient, that is accompanied by that patient's written authorization for release of records to the Board, within 15 days of receiving the request and authorization shall pay to the Board a civil penalty of one thousand dollars ($1,000) per day for each day that the records have not been produced after the 15th day, unless the licensee is unable to provide the records within this time period for good cause. This release is compliant with the requirements of HIPAA and Civil Code section 56.11.