Authorization for Use or Disclosure of Information

Completion of this document authorizes the disclosure and/or use of individually identifiable information, as set forth below, consistent with California and Federal law concerning the privacy of such information. Failure to provide all information requested may invalidate this Authorization.

USE AND DISCLOSURE OF INFORMATION _____

Client Name _____ _____
Last, First, Middle Initial Date of Birth

I, the undersigned, do hereby authorize the organization named below to release my name and telephone number to Childrens Hospital San Diego.

_____
Name and function of person or organization from which disclosure is made

_____
Address City and State Zip Code

This disclosure of information is required for the following purpose:
To discuss possible participation in a research oriented Focus Group

Requested information shall be limited to the following:
Name and contact information (i.e. Telephone number, mailing address, etc.)

EXPIRATION _____
This Authorization expires [insert date or event]: _____

RESTRICTIONS _____
California law prohibits the requestor from making further disclosure of my information unless the Requestor obtains another authorization from me or unless such disclosure is specifically required or permitted by law.

YOUR RIGHTS _____
I understand that I have the following rights with respect to this Authorization:
I may revoke this authorization at any time. My revocation must be in writing, signed by me or on my behalf, and delivered to: Childrens Hospital and Health Center, 3020 Children's Way, MC5049 San Diego, CA 92123-4282.
My revocation will be effective upon receipt, but will not be effective to the extent that the Requestor or others have acted in reliance upon this Authorization.
I have a right to receive a copy of this Authorization. I may not be required to sign this Authorization as a condition to obtaining treatment or payment or my eligibility for benefits.

APPROVAL _____

_____ _____ _____
Signature Date Witness

_____ _____ _____ _____
Relationship to Client Area Code and Phone Number Date info sent By (Name)