KAISER PERMANENTE

Kaiser Foundation Health Plan, Inc.
Kaiser Foundation Hospitals
The Permanente Medical Group, Inc.

AUTHORIZATION FOR USE AND DISCLOSURE OF PHARMACY INFORMATION (NORTHERN CALIFORNIA)

Pharmacy Service Area: _____

PIMS System/Location: _____

IMPRINT AREA

I understand that Kaiser Permanente will not condition treatment, payment, enrollment, or eligibility for benefits on my providing or refusing to provide this authorization.

I hereby authorize:
Kaiser Permanente Pharmacy,
Kaiser Foundation Health Plan Pharmacy,
and/or Kaiser Foundation Hospital Pharmacy

to disclose to:

_____
Name of Recipient

_____
Address

_____
City State Zip

records and information pertaining to:

_____ _____ _____
Name of Member/Patient (List Other Names Used) Medical Record Number Date of Birth

_____ _____
Address Telephone Number

DURATION: This authorization shall become effective immediately and shall remain in effect for one year from the date of signature unless a different date is specified here: _____ (Date).

REVOCATION: This authorization is also subject to written revocation by the member/patient at any time. The written revocation will be effective upon receipt, except to the extent that the disclosing party or others have acted in reliance upon this authorization.

REDISCLOSURE: I understand that the recipient may not lawfully further use or disclose the health information unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law.

SPECIFY RECORDS: **Dispensing summary (e.g., tax records)**

For the period from _____ to _____
MM/DD/YY MM/DD/YY

The recipient may use the pharmacy health information authorized on this form for the following purposes:

_____

A copy of this authorizatrion is as valid as the original. Member/Patient has a right to a copy of this authorization.

_____ _____ _____
Date Signature If Signed by Other than Member/Patient, Indicate

Mail completed authorization form to:

Faxed Copies
Will Not Be Accepted.

Kaiser Permanente
Pharmacy Informatics
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