



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

Medical Record Number: _____

Member/ Patient Name: _____

**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.

REDIS-CLOSURE: 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** _____
 MMDDYY MMDDYY

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

A copy of this authorization 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
 PO Box 5075
 Livermore, CA 94551-5075**