



# Authorization to Receive or Release Health Information

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Name of Releasing Entity/Person:**

- University Faculty Associates, Inc.**
- Central California Faculty Medical Group, Inc. dba **Inspire Health Medical Group**
- Inspire Health Medical Group – Cardiology**  
2335 E. Kashian Lane, Suite 240, Fresno, CA 93701
- Inspire Health Medical Group – Dermatology**  
2335 E. Kashian Lane, Suite 410, Fresno, CA 93701
- Inspire Health Medical Group – Endocrinology**  
7085 N. Chestnut Avenue, Suite 101, Fresno, CA 93720
- Inspire Health Medical Group – General Surgery**  
1247 E. Alluvial Avenue, Suite 101, Fresno, CA 93720
- Inspire Health Medical Group – Obstetrics and Gynecology**  
2210 E. Illinois Avenue, Suite 408, Fresno, CA 93701
- Inspire Health Medical Group – Orthopaedics**  
604 N. Magnolia Avenue, Suite 100, Clovis, CA 93611
- Inspire Health Medical Group – Perinatology**  
2210 E. Illinois Avenue, Suite 301, Fresno, CA 93701
- Inspire Health Medical Group – Psychiatry**  
2210 E. Illinois Avenue, Suite 401, Fresno, CA 93701
- Inspire Health Medical Group – Sleep Medicine**  
6733 N. Willow Avenue, Suite 107, Fresno, CA 93710
- Inspire Health Medical Group – Specialty Kashian**  
2335 E. Kashian Lane, Suite 280, Fresno, CA 93701
- Inspire Health Medical Group – Vascular Surgery**  
1247 E. Alluvial Avenue, Suite 101, Fresno, CA 93720

Other: \_\_\_\_\_

Street Address \_\_\_\_\_ Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_

City/State/Zip \_\_\_\_\_ Fax \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Name of Receiving Entity/Person:** \_\_\_\_\_

Street Address \_\_\_\_\_ Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_

City/State/Zip \_\_\_\_\_ Fax \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Information to Release (Check all that apply):**

- All Medical Records (excluding Special Authorization Records)  Progress Notes
- Immunization Records  X-Ray Reports  Laboratory Results  Pathology Results
- Billing Records  Imaging Reports  Other \_\_\_\_\_

**Special Authorization Records (Check all that apply):**

- Behavioral Health  HIV Test Results  Substance Use Disorder
- Genetic Testing Results  Abortion Care Contraception  Gender Affirming Care

**Dates of Service:** \_\_\_\_\_ or Date Range \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Purpose:**  Personal Access  Continued Care  Other \_\_\_\_\_

**Requested Release Format:**  Patient Portal  Compact Disc (CD)  Paper Copy

**Requested Release Method:**  Mail  Fax  Email (Encrypted)  In-Person  
 Email (Unencrypted - patient takes responsibility for increased risk of unauthorized access)

**This authorization expires on** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (if blank, expires 1 year from date signed)

**By signing, I authorize the release of my health information and understand that:**

- I may refuse to sign this authorization and my refusal will not affect my ability to obtain treatment or my eligibility for benefits.
- I may revoke this authorization at any time, in writing, and submit it to Inspire Health Medical Group, Release of Information, 2625 E Divisadero Street, Fresno, CA 93721-1431.
- My revocation will be effective upon receipt, but will have no impact on uses or disclosures made while my authorization was valid.
- I may inspect or obtain a copy of the health information that I am being asked to allow the use or disclosure of and I have a right to receive a copy of this authorization.
- I understand that my records are not protected from potential re-disclosure if released outside of California.

\_\_\_\_\_  
Print Name

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient or Legal Representative

\_\_\_\_\_  
Relationship  
(if other than patient)