

SADDLEBACK MEDICAL GROUP
Authorization for Inspection of Medical Information

I hereby authorize SADDLEBACK MEDICAL GROUP

Name of Physician: _____
Patient Name: _____ Date of Birth _____
Address: _____
City: _____ State: _____ Zip: _____ Phone (____) _____
Signed: _____ Date _____

For Patient Representative Only:

Representative Name: _____ Identification: _____
Relationship to Patient: _____ (e.g. drivers license)

- *Authorized representative must submit copies of legal documents supporting assignment of this authority, i.e. Power of attorney.*
- *I understand that I may receive a copy of this authorization. This authorization is effective now and will remain in effect for six (6) months from the date signed.*
- *You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to The Management at Saddleback Medical Group. If you request a copy of the information, we may charge a fee for the cost of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the office will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.*
- *Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the office. To request an amendment, your request must be in writing and submitted to The Management at Saddleback Medical group. In addition, you must provide a reason that supports your request.*
 - *We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:*
 - *Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;*
 - *Is not part of the medical information kept by or for the office;*
 - *Is not part of the information which you would be permitted to inspect and copy; or*
 - *Is accurate and complete.*
- *Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is the list of the disclosures we made of medical information about you. To request this list or accounting disclosures, you must submit your request in writing to The Management at Saddleback Medical Group. Your request must state a time period, which may not be longer than six years and may not include dates before February 26, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional list, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at the time before any costs are incurred.*