



AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

I, the undersigned, authorize Sharp HealthCare and its subsidiary and affiliated entities and each of their respective employees, agents, and contractors (collectively, "Sharp") to furnish and disclose medical information and records concerning the service recipient identified below ("Service Recipient") to Infoline of San Diego County, dba 2-1-1 San Diego and Community Information Exchange, and to its designated referral partners and agencies (collectively, "CIE"), solely to enable CIE to (a) coordinate, provide, and arrange for the provision of ongoing health care, social services, and support for Service Recipient, and (b) to assist Service Recipient in achieving Service Recipient's housing goals.

Sharp may release any and all medical records and information to CIE, including, but not limited to, mental health records protected by the Lanterman-Petris-Short Act, drug and/or alcohol abuse records, and information regarding HIV, HIV testing, AIDS, communicable diseases, and developmental disabilities, if any, unless I have crossed out the category of records listed above or have identified records to be excluded below: _____

I understand I have the right to limit the type of information released. If I choose to limit the information released, I understand it may be necessary for Sharp to inform CIE that portions of the record have been withheld.

I understand this Authorization is voluntary, and Sharp may not condition Service Recipient's treatment upon my provision of this Authorization.

I understand information disclosed to CIE pursuant to this authorization may be subject to redisclosure by CIE and may lose its privacy protection under applicable laws. I further understand that Sharp and CIE may share the information with CIE's designated referral partners and agencies, including those listed at <https://ciesandiego.org/partners/>, as may be amended from time-to-time, including, without limitation, the following organizations: Legal Aid; Consumer Center for Health Education and Advocacy; County of San Diego and Imperial Health and Human Services; Food Bank and Delivery Agencies, Emergency Medical Service Agencies; Hospitals within San Diego County/Imperial County; Social Services Agencies within San Diego County/Imperial County; Homeless Outreach Services; Drug and Alcohol Treatment Programs; Federally Qualified Health Centers/Clinics; Sobering and Detoxification Centers; Psychiatric Services within San Diego County/Imperial County; Housing Services and Shelters; Medical Equipment Services; Department of Veterans Affairs; Mental Health Systems, Inc,

I understand I have the right to receive a copy of this Authorization. I understand I have the right to revoke this Authorization in writing at any time prior to release of the information or records by Sharp by providing written notice of revocation to Sharp at the following address: Sharp Transitions Program, 8695 Spectrum Blvd, San Diego, CA 92123. If not revoked earlier, this Authorization will automatically expire and become invalid one (1) year after the date of signature below.

Service Recipient's Name:	Date of Birth (MM/DD/YYYY):
Date (MM/DD/YYYY):	Phone:
Signature:	Print Name:



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If signed by a party other than the Service Recipient, indicate relationship (authorized representative must submit appropriate identification and necessary legal documents supporting authority):

- Legal representative, parent or guardian of minor patient (to the extent minor cannot consent to care)
 - Legal representative, guardian, conservator, or attorney-in-fact of an incompetent patient
 - Treating Physician Signature (if mental health records to be released):
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