Authorization for Release of Protected Health Information

I, ______, hereby appoint [AHD name] as my Personal Representative for health care disclosure under the Standards for Privacy of Individually Identifiable Health Care Information (45 CFR Parts 160 and 164) under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and under the California Confidentiality of Medical Information Act (CMIA). (In the event that the aforementioned person cannot act for any reason, I hereby appoint [Alt name] as my Personal Representative. In the event that both the aforementioned persons cannot act for any reason, I hereby appoint [Alt Name 2] as my Personal Representative.)

My Personal Representative shall have the same access to my health and medical information as I would.

The authority granted to my Personal Representative herein shall be effective immediately and shall not be dependent on a determination of whether or not I lack capacity.

I authorize the disclosure of all of my health and medical information, whether now existing or hereafter created, related to my physical or mental ability to (a) perform the duties of a trustee of a trust or administer a trust, (b) understand or be able to make or communicate decisions about my property or financial or business affairs or the financial or business affairs of any other person for whom I am an agent under a durable power of attorney, or (c) make informed health care decisions regarding myself or any other person for whom I am an agent under an advance health care directive or similar instrument.

This authorization shall apply to any health care providers, including physicians, nurses, and all other persons, entities, who may have provided, or are providing at the time such health or medical information is sought by my Personal Representative, any type of health or medical care to me.

Such health and medical information shall be provided to: (1) my ___ [spouse/domestic partner]__; (2) my lineal ancestors and descendants; (3) my Personal Representative; (4) my and my Personal Representative's respective attorneys; and (5) any court or other governmental agency which may require such information in connection with any proceeding before such court or governmental agency.

My Personal Representative may disclose my health and medical information to such other persons or entities, such as trustees of trusts of which I am or have been a trustee, or agents under durable powers of attorney or advance health care directives executed by me, as my Personal Representative may determine in my Personal Representative's sole and absolute discretion.

Although information disclosed by a health care provider pursuant to this authorization is subject to redisclosure and may no longer be protected by the privacy

rules of HIPAA (45 CFR §164), California law prohibits the further disclosure of this information without a "new authorization". It is my intention that this authorization form be construed to be a "new authorization" that meets the requirements of California Civil Code §56.11 for purposes of California Civil Code §56.13 to permit further authorization by recipients of information initially received under this authorization.

The authority given to my Personal Representative herein shall supersede any prior agreement that I may have made with any health care provider to restrict access to, or the disclosure of, my health and medical information.

I understand that I have the right to revoke this authorization and that any such revocation must be in writing and delivered to my Personal Representative (and to my alternative Personal Representative) to be effective.

This authorization shall remain in full force and effect until the earlier of (1) my written revocation hereof or (2) my death.

Any person or entity may rely upon a copy or facsimile of this document.

Dated:, 2012	
Datou, 2012	Typed name
CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC	
STATE OF CALIFORNIA) ss.	
STATE OF CALIFORNIA) ss. COUNTY OF)	
On, 2012, before me,, a Notary Public, personally appeared who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument, the person(s), or the entity(ies) upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.	
WITNESS my hand and official seal.	
	Notary Public, State of California