

# ISHA

## AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

**Authorization for Use/Disclosure of Information:** I authorize my health care provider to use or disclose my health information during the term of this Authorization to the recipient(s) that I have identified below.

**Provider Information:**

Name of Your Provider: \_\_\_\_\_

Address of Your Provider: \_\_\_\_\_

Email Address of Your Provider: \_\_\_\_\_

**Recipient:** I authorize my health care information to be released to the following recipient(s):

Name: Isha Health

Address: 2021 Fillmore St Ste 1092, San Francisco 94115

Email Address: info@isha.health

**Purpose:** I authorize the release of my health information for the following specific purpose:

Continuity of care

**Information to be disclosed:** I authorize the release of the following health information:

- All of my health information that the provider has in his or her possession, including information relating to any medical history, mental or physical condition and any treatment received by me.
- Only the following records or types of health information: \_\_\_\_\_

**Term:** I understand that this Authorization will remain in effect from the date of this authorization till you complete your treatment at Isha Health.

**Refusal to sign/right to revoke:** I understand that signing this form is voluntary and that if I don't sign, it will not affect the commencement, continuation or quality of my treatment at Isha Health. If I change my mind, I understand that I can revoke this authorization by providing a written notice of revocation to the health care provider at the address listed below. The revocation will be effective immediately upon my health care provider's receipt of my written notice, except that the revocation will not have any effect on any action taken by my health care provider in reliance on this Authorization before it received my written notice of revocation.

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

Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_