

NOTICE

UCSF and many other organizations and individuals such as physicians, hospitals and health plans are required by law to keep your health information confidential. If you have authorized the disclosure of your health information to someone who is not legally required to keep it confidential, it may no longer be protected by state or federal confidentiality laws.

SAN FRANCISCO PATIENTS

Return Completed Authorization To:

Health Information Management Services
UCSF Medical Center
400 Parnassus Ave., Room A88
San Francisco, CA 94143-0308

OAKLAND PATIENTS

Return Completed Authorization To:

Health Information Management Services
747 52nd Street
Oakland, CA 94609

RADIOLOGY REQUESTS:

Return Completed Authorization To:

Email: RadiologyFilmLibrary@ucsfmedctr.org
Fax: 415-353-8583

If you have any questions about obtaining a copy of your images and report, please call the Radiology Imaging Library at (415) 353-1640 (opt. 3), 7:00 a.m. to 6:00 p.m., open seven days a week.

YOUR RIGHTS

This Authorization to release health information is voluntary. Treatment, payment, enrollment or eligibility for benefits may not be conditioned on signing this Authorization except in the following cases: (1) to conduct research-related treatment, (2) to obtain information in connection with eligibility or enrollment in a health plan, (3) to determine an entity's obligation to pay a claim, or (4) to create health information to provide to a third party.

This Authorization may be revoked at any time. The revocation must be in writing, signed by you or your patient representative, and delivered to Health Information Management Services. The revocation will take effect when UCSF receives it, except to the extent UCSF or others have already relied on it.

You are entitled to receive a copy of this Authorization.