



LONG VALLEY HEALTH CENTER

50 Branscomb Road • P. O. Box 870 • Laytonville, California 95454

Phone (707) 984-6131

• Medical Records Fax (707) 984-6990

Authorization to Speak with LVHC Provider

I hereby authorize _____ of the Long Valley

Health Center to exchange information/speak with:

(Name of person or organization)

(Name of person or organization)

(Name of person or organization)

This authorization pertains to all pertinent protected health information.

Expiration Date of Authorization:

This authorization will remain effective until terminated.

Right to Terminate or Revoke Authorization:

I may revoke or terminate this authorization by submitting a written revocation to Long Valley Health Center.

Patient's Name: _____

Date: _____

(Type or Print)

Patient Signature

Signature of Patient Representative

Relationship to Patient: _____