



## Additional Information Regarding Communication of Patient Medical Information

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Peach Tree Healthcare upholds a patient's right to confidentiality of medical information as provided under federal and state law. Please read the following guidelines before signing this authorization.

Send Authorization to Peach Tree Healthcare: if mailing an authorization, please mail to:

**Peach Tree Healthcare**  
**Attn: Medical Records**  
**5730 Packard Avenue Suite 500**  
**Marysville, CA 95901**

**Verbal Communication Only:** This authorization allows for verbal communication between Peach Tree Healthcare and the designated person(s) and/or organization(s) on this form. **It does not allow for copies of medical records to be released.**

**No Obligation to Sign:** You are not under any obligation to sign this form, and you may refuse to do so. Peach Tree Healthcare may not refuse to provide you treatment or other health care services if you refuse to sign this form.

**Revocation:** You have the right to revoke this authorization, in writing, at any time before it ends. However, your written revocation will not affect any communication of your medical information that the person(s) and/or organization(s) listed on the reverse side of this form have already made, in reliance on this authorization, before the time you revoke it. Your revocation must be made in writing and addressed to the appropriate originating organization:

**Peach Tree Healthcare**  
**5730 Packard Avenue Suite 500**  
**Marysville, CA 95901**

### Who May Sign This Authorization

1. Generally, all patient 18 years of age or older must sign for communication of their own health information unless the following conditions apply:
  - a. The patient is incompetent
  - b. The patient is disabled and cannot sign the form
2. All persons signing for communication of health information on behalf of the patient must state their relationship to the patient and provide proof of legal authority of their capacity to act for the patient.
3. Minors: Patient less than 18 years of age must sign for communication of their health information in the following cases:
  - a. Alcohol or other drug abuse treatment: age 12 or older
  - b. Mental Health Treatment: age 14 and older may consent to communication of their records without parental consent (parent also retain the right to access this information)
  - c. HIV test result: age 14 or older
  - d. Emancipated minors who are married or in the military.

