



I would prefer to: Pick up (If picking up, please have your photo ID available) **Or** **Have the requested summary mailed to me at the following address** (Note: This is your address – not a third party address):

I specifically authorize Didi Hirsch to send the requested information to me by fax or encrypted email (Note: This is your email address or fax– not a third party address email or fax):

This request for PHI was received in a non-standard manner due to COVID-19 crisis. Client/caregiver provided verbal consent/authorization for this request of protected information. Client/caregiver unable to sign due to recommendations from Public Health agencies regarding face to face related contact related to COVID-19. Checked box reflects client's authorization for this request.



Signature of Client / Legal Representative

Date

Printed name

If signed by someone other than the client, state relationship to the client:

Staff / Witness Signature/ title

Date

This Authorization was translated into _____ for the client/legal representative.

Client was provided a copy of this Request For Records Yes No Declined

¹Health Insurance Portability and Accountability Act of 1996 ("HIPPA") (45 C.F.R. Pts. 160 and 164)

²California Welfare and Institutions Code Section 5328