AUTHORITY TO INSPECT/ RELEASE MEDICAL INFORMATION:

I, _____, authorize that my agent(s): _____ _____ shall be my personal representative under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). As such, my agent has the same rights to inspect and obtain copies of any medical or other health information as I would have. My agent also has the right to authorize disclosure of my patient records and other medical or health information subject to and protected under HIPAA. Pursuant to the California Confidentiality of Medical Information Act (CMIA) and California Probate Code §4678, my agent has the same rights to request, receive, examine, copy and consent to the disclosure of my medical or other health care information as I would have. This authority applies to any individually identifiable health or medical information, health care information or other medical records governed by HIPAA, CMIA or California Probate Code §4678.

_____
(Signature)

STATE OF CALIFORNIA)
) SS.
COUNTY OF ORANGE)

On _____, 2004, before me, _____, Notary Public, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

_____

(This space reserved for official notarial seal.).