



Public Health Administration

Cathy A. Raevsky, Director
Andy Miller, M.D., Health Officer

202 Mira Loma Drive
Oroville, California 95965

T: 530.538.7581
F: 530.538.2164

buttecounty.net/publichealth

**CONSENT FOR THE RELEASE
OF CONFIDENTIAL INFORMATION**

I, _____, hereby authorize
(Name of Patient – Please Print)

_____ to disclose to Butte County Public
(Name of Physician – Please Print)

Health, Office of Vital Statistics, information concerning my medical cannabis recommendation.
The purpose of the disclosure authorized in this consent is to facilitate the issuance of a Medical Marijuana Identification Card.

I understand that my medical records are protected under the Health Insurance Portability and Accountability Act (HIPAA) as described in the Code of Federal Regulations, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it.

Signature of Patient

Dated: _____