

*Amethyst Medical Group, Inc.*  
*Family Practice Specialty*  
*Preventive/Integrative & Functional Medicine*

*Winni M. Loesch MD, FAAFP, Board Certified*  
*Iola Eliana Gold RN, MPA/HSA Practice Development Consultant*

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**AUTHORIZATION FOR THE DISCLOSURE OF  
MEDICAL INFORMATION**

Patient Name:	
Date:	Birthdate:

This authorization for use or disclosure of medical information is being requested of you to comply with the terms of the Confidentiality of Medical Information Act of 1981, section 56, et seq., California Civil Code.

I hereby authorize:

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To divulge any medical information regarding my care and treatment to the person named below.

**Amethyst Medical Group**  
**Winni Loesch, MD**  
**590 Searls Ave. Suite A**  
**Nevada City, CA. 95959**

This authorization is limited to the following medical records and type of information:

- Medical information related to:
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- All medical information, except that relating to HIV information.
  - All medical information including HIV and related information.
  - All medical information for the purpose of changing medical facilities, doctors, insurance, etc.

This authorization will become effective immediately and shall remain in effect until:  
\_\_\_\_\_ (must specify a date mm/dd/yy)

This authorization is effective upon receipt and can be revoked at any time by the patient with written notice to this medical office. A disclosure that has already occurred cannot be withdrawn.

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Date

Signature of Patient

*590 Searls Avenue, Suite A Nevada City, CA 95959*

*Telephone (530) 798-5003 ♦ Fax (530) 271-2338*

*It's Not Just About How Sick You Are; It's About How Healthy You Can Be!*

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