PACIFIC WOMENS OBSTETRICS & GYNECOLOGY MEDICAL GROUP
1375 Sutter St Suite 105 * San Francisco, CA 94109 * (415) 379-9600 * Fax (415) 379-9823

AUTHORIZATION TO RELEASE PATIENT HEALTH INFORMATION

Patient Name: _____ Date of Birth: _____ Today's Date: _____

Social Security #_____ Contact Number: _____

I hereby authorize:

Dr. _____ Telephone _____

_____
Address, City, State, Zip code

to release medical information contained in my patient file to:

Fax: _____

Dr. _____ Telephone _____

_____
Address, City, State, Zip code

Any and all requests for medical records release will be charged a minimum fee of $25.00. Limiting your authorized release may lead to minor delay in mailing records. Some records may include both protected and unprotected information; therefore, exclusions may create an incomplete document. This authorization applies ONLY to this request. Future requests will require another signed form. **All requests will require 5-10 business days for completion.**

CHECK ALL BOXES AUTHORIZED TO RELEASE

1. GENERAL RELEASE

- ❑ ALL RECORDS From: _____ To: _____
- ❑ Medical Records excluding protected records From: _____ To: _____
- ❑ Test Results (specify)_____ From: _____ To: _____
- ❑ Records pertaining to specific medical data (i.e. Motor Vehicle accident, immunizations). Specify: _____

2. INFORMATION PROTECTED BY STATE/ FEDERAL LAW

- ❑ Sexually Transmitted Disease From: _____ To: _____
- ❑ Diagnosis/Treatment or counseling (includes HIV/AIDS) From: _____ To: _____
- ❑ Drug Abuse/ Alcoholism Diagnosis/ Treatment From: _____ To: _____
- ❑ Mental Health Diagnosis /Treatment From: _____ To: _____

❑ INSURANCE COMPANY REQUESTING A COPY OF YOUR MEDICAL RECORD

Please be advised that this office has been contacted by your Life/Health/Disability insurance Company to release your medical record in its entirety. By complying with this request you are forfeiting your Protected Health Information (PHI). You are allowing the release of personal notes, examination findings, diagnosis, test results and treatment plans. Please understand that by releasing this information you may suffer the loss of coverage entirely. These ramifications are based on subjective interpretation of finding in your medical record and compared to your insurance company's actuarial data. As a result, the insurance company's interpretation of your health may not always coincide with the doctor's opinion of your overall medical health.

_____ _____
Patient Signature (or Legal Representative) Date

Information released is limited to 2 years from date of request, unless otherwise stated.

Only information initiated by a Physician or Nurse Practitioner of Pacific Women's Obstetrics and Gynecology will be released.