



Women's Health Specialists

REQUEST FOR MEDICAL RECORDS

Patient's name _____

Address _____

Phone #: _____ DOB: _____ SS#: _____

Signed: _____ Date: _____

Print Name: _____

- If not signed by the patient, please indicate relationship:
- Parent or guardian of minor patient
 - Guardian or conservator of an incompetent patient
 - Beneficiary or personal representative of deceased patient

FEES – *(for records from Women's Health Specialists only)*

I understand that you may charge me a reasonable charge of \$40.00 to receive copies of my records, plus any additional reasonable clerical costs and or postage incurred in making records available.

This authorization applies to the following information:

- All the records *or*
- The portion of records concerning: _____

(Specify type of disease, accident, dates of treatment, other portion of records you are interested in.)

A specific authorization is required to release information regarding the following:

	<u>Yes</u>	<u>No</u>	<u>Initials</u>
HIV Information	<input type="checkbox"/>	<input type="checkbox"/>	_____
Drug/Alcohol Information	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mental Health Information	<input type="checkbox"/>	<input type="checkbox"/>	_____

Reason for copies of medical records: _____

I hereby authorize _____ to furnish medical information concerning [patient's name:] _____ to [Physician's name and address:] _____

Phone #: _____ Fax #: _____

This authorization is effective now and will remain in effect 30 days from date signed.

I understand I may receive a copy of this authorization. Please indicate preference: Pick up Mail

ATTENTION: These copies are intended only for the individual to whom it is addressed. It contains information that may be confidential under the law. If you are not intended recipient or agent responsible for delivering these copies, do not read, copy or distribute this information. If you have received these copies in error, please notify us immediately, by collect phone call, and return the copies by mail. THANK YOU.

Phone# 510-796-7057

Fax# 510-796-5198

Paid (*office use*)