

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS



Patients Name: _____ Date of Birth: _____

Mailing Address: _____

Last four digits of Social Sec. # _____ Phone #: () _____

I hereby authorize: _____
Name of Physician/Facility from whom you are requesting records

To release my medical records to

The Neuron Clinic - Chula Vista
450 4th Ave #215
Chula Vista, CA 91910

The Neuron Clinic - Temecula
44045 Margarita Rd #106
Temecula, CA 92592

FAX: 619-425-3842

FAX: 951-462-4625

Information to be released should include:

- | | | |
|---|--|---------------------------------|
| <input type="checkbox"/> Complete Health Record | <input type="checkbox"/> Imaging - X Ray Reports | <input type="checkbox"/> Other: |
| <input type="checkbox"/> History & Physical Notes | <input type="checkbox"/> Consultation Reports | |
| <input type="checkbox"/> Progress Notes | <input type="checkbox"/> Lab Test Results | |

Purpose of this Request: Treatment/Consultation Patient Request

Unless revoked, this authorization will expire: 6 months from today upon processing completion

I, the undersigned, have read and authorize the staff of the disclosing facility named to disclose information as herein contained. I understand the information disclosed by this authorization may be subject to re-disclosure by the recipient and will no longer be protected by the Health Insurance Portability and Accountability Act (HIPAA) of 1998. The facility, its employees, officers, and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein. I can inspect or copy the protected health information to be used or disclosed except to the extent that action has been taken in compliance with this request.

Signature of Patient / Legal Guardian

Date

Initials _____ I acknowledge and hereby consent to such, that the released information may contain alcohol abuse, psychiatric, sexually transmitted disease, Hepatitis B or C, HIV Testing, HIV results or AIDS Information.