Creating Harmony Women's Healthcare
1941 Johnson Ave Suite 202 San Luis Obispo, CA 93401
Phone: 805-548-0033 Fax: 805-548-0034

Authorization to Release Medical Records

I hereby authorize disclosure of medical information obtained during the course of my evaluation and/or treatment.

Patient's Name (please print): _____

Date of Birth: _____ SSN: _____

Signature: _____ Date: _____

Information to Release:

I request that the information to be used or disclosed consist of the following (if this is an authorization for the use or disclosure of psychotherapy notes, it may not be combined with an authorization for use and disclosure of any other type of health information).

Check all that apply:

- ☐ Medical records from Creating Harmony Women's Healthcare
- ☐ Medical history and evaluation records
- ☐ Imaging U/S reports
- ☐ Laboratory reports
- ☐ Hospital records, including reports
- ☐ Consultations
- ☐ Surgical reports
- ☐ Other (specify):
  _____
- ☐ Sensitive information regarding HIV/AIDS or treatment for substance abuse (alcoholism or drug abuse) and/or mental health issues may be disclosed.
- ☐ I do not authorize the release of sensitive information regarding HIV/AIDS, or treatment for substance abuse and/or mental health.

Release Information to:

Name: _____ Address: _____

Telephone: _____ Fax: _____

Release Information from:

Name: _____ Address: _____

Telephone: _____ Fax: _____