

Arroyo Oaks Medical Associates Inc.

2230 Lynn Rd Suite 200
Thousand Oaks Ca. 91360
Phone: (805) 495-1066
Fax: (805) 4971428

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Account _____

Print Patient's Full Name _____ Birth Date (Mo/day/Yr) _____

Street Address _____ Social Security Number (last 4 digits) _____

City, State, Zip Code _____ Phone _____

At the request of the individual, I _____
(Patient's Name)

Hereby authorize:

To release medical records to:

Name of company/Agency/Facility/Person _____

Street Address _____

City, State, Zip _____ Phone _____

Fax _____

Discharge Summary Pathology Reports Emergency Reports
 History & Physical Laboratory Reports X-Ray
 Progress Notes Radiology Reports Other
 Operative Notes ECG/EEG/Cardiac Cath

I do I do not authorize release of information related to AIDS (Acquired Immunodeficiency Syndrome) or HIV (Human Immunodeficiency Virus) infection, psychiatric care and/or psychological assessment, and treatment for alcohol and/or drug abuse.

PURPOSE OF DISCLOSURE:

Referral to Specialist Insurance Workers' Comp
 Legal Investigation Disability Determination Personal
 Change of Doctor Other (Specify) _____

Please provide DAYTIME telephone number in the event we need to contact you: _____

I hereby authorize disclosure of the health information for the above named patient. This authorization is valid for 90 DAYS from the date of signature. I understand that I may cancel this request with written notification but that it will not affect any information released prior to notification of cancellation. I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it, and would then no longer be protected by federal regulations. I understand that the medical provider to whom this is furnished may not condition its treatment of me on whether or not I sign the authorization.

Signature of individual (or guardian or Personal Representative of patient's state) _____ Date _____

NOTE: THERE WILL BE A \$25 CHARGE FOR A PERSONAL COPY OF THE PERMANENT-TRANSFER OF YOUR RECORDS. ARROYO OAKS MEDICAL WILL PROVIDE THIS SERVICE AND WILL INVOICE YOU DIRECTLY