

NorCal Endocrinology & Internal Medicine
111 Deerwood Rd, Suite 180 San Ramon, CA 94583
Phone: (925) 552-5280 Fax: (925) 552-5281

Release of Medical Records Request

Date: _____

Name of Patient: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (_____) _____

Records for dates _____

Records to be excluded _____

To be released to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (_____) _____

Fax Number (required): (_____) _____

Purpose of Release: _____

Please note that a fee may apply.

Waiver of liability:

I waive all rights and privileges allowed by law relating to disclosure of confidential information, defamation, invasion of rights of privacy and release the above person(s) or agency(ies) from legal responsibility of liability arising from the request for medical records. I understand that this release may be revoked at any time, but such revocation may not be applied retroactively once such information has been released in good faith.

Notice: The information authorized for release may include information which may be considered a communicable or venereal disease including hepatitis, syphilis, gonorrhea, HIV and AIDS.

Signature of Patient or Authorized Person

Relation to patient

Date

Name of authorized person if not patient