



**Request For Release Of Protected Health Information**

**Fax Back To: 858-228-3666**

**Please complete thoroughly to avoid any delays in processing.**

**Patient Name** \_\_\_\_\_  
(Please Print)

**Other Name(s)** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Phone** \_\_\_\_\_

**I hereby authorize and request you to release:**

- The complete medical records in your possession concerning my illness and/or treatment during the period from \_\_\_\_\_ to \_\_\_\_\_.**  
(If no dates are indicated, then the last two years will be provided)
- Only the medical records indicated: \_\_\_\_\_**
- In addition, I authorize release of sensitive health information, including information regarding HIV/AIDS, psychiatric, drug/alcohol abuse, genetic testing, STDs**

**I have an appointment with this office on \_\_\_\_\_.**

**Release From:**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Address** **City** **State** **Zip**

\_\_\_\_\_  
**Phone** **Fax**

**Release To:**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Address** **City** **State** **Zip**

\_\_\_\_\_  
**Phone** **Fax**

\_\_\_\_\_  
**Patient or Guardian Signature** **Relationship to Patient**

\_\_\_\_\_  
**Patient or Guardian Printed Name** **Date**

**NOTE CONCERNING PROTECTED HEALTH INFORMATION**

This report is strictly confidential and is for the information of the individual or entity named above. NCOG will accept no responsibility if it is made available to any other person, including the patient. For certain patient records, state and federal laws protect confidentiality. These laws prohibit you from making any further disclosure without the specific written authorization of the person to whom the information pertains or as otherwise permitted by regulation. A general authorization for the release of medical or other information is not sufficient for this purpose.

**IF YOU RECEIVE THIS FAX IN ERROR**

If you are not the intended recipient or the person responsible for delivering this material to the intended recipient, you are hereby notified that any dissemination or copying of this material is strictly prohibited. If you have received this transmission in error, please immediately notify NCOG, Medical Records, at (858) 642-9763. Thank you for your cooperation.