



400 Taylor Boulevard, Suite 202
Pleasant Hill, California 94523

Phone: 925-677-5041 Fax: 925-677-5027

MATTHEW N. SIROTT, MD
ROBERT L. ROBLES, MD
JEWEL JOHL, MD
TIFFANY H. SVAHN, MD
GIGI Q. CHEN, MD
SUSAN KAO, MD
SARAH BUENVIAJE, ONP

SOPHIA RAHMAN, MD
JAMES L. REMBERT, MD
CHRISTINE S. CHUNG, MD
SRAVANA K. CHENNUPATI, MD
MICHELLE FRANKLAND, AOCNP
MARIYA RYAZANTSEVA, NP
CYNDI SCHULTZ, NP

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

TO: _____ DATE: _____

FAX: _____ PHONE: _____

PLEASE FORWARD THE FOLLOWING MEDICAL RECORDS FOR:

PATIENT: _____ DATE OF BIRTH: _____

First Name

Last Name

Middle Initial

- Complete Medical Record
- Partial Medical Record:
 - Physician Consultation/Progress Notes
 - Pathology Reports
 - Labs
 - Diagnostic Reports (X-Ray, U/S, CT, MRI, etc)
 - Other _____
- Treatment Records
- Billing Records
- Dates of Service: _____

By signing below, I authorize the use or disclosure of my Protected Health Information as described above. I understand that: I have a right to a copy of my medical records from my physician(s) upon my request; I have a right to see a copy of the information described on this authorization form in accordance with DVO's record access policies; I can, upon written request to DVO, revoke this authorization at any time, except to the extent that DVO has already taken action based upon my authorization; and I have a right to receive a copy of this form after I have signed it. I acknowledge that I have read and accept all of the above.

Signature of Patient or Personal Representative

Date

Print Name of Patient or Personal Representative

Description of Personal Representative's Authority

If you have any questions, please call our Medical Records Department at 925-677-5041, ext. 212

THANK YOU!

FOR INTERNAL USE ONLY:

Request Completed By: _____ Date of Request: _____ Payment Received: \$ _____

Requested Via: Mail Fax (# _____) Phone-Spoke w/ _____ Date/Time: _____

ShareFolder Filename: PATIENT FORMS\Records Release Fax -Signature Form.doc Rev: 10/11/2016

Important: This message is intended ONLY for the use of the individual or entity to which it is addressed and contains information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this message in error, please notify us immediately by phone and return the original message to us at the address above via U.S. Postal Service. *Thank you!*