

Harbor Medical Group

1661 A Soquel Dr

Santa Cruz, Ca 95065

*Phone: 831-476-7676 *Fax: 476-4824

Patient Name: _____

Date of Birth: _____

Social Security: _____

Physician RELEASING Records

Physician RECEIVING Records

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____ Fax: _____

Phone: _____ Fax: _____

MEDICAL INFORMATION TO BE SENT

___ Medical Records, INCLUDING any information related to the treatment for substance abuse or dependency; psychiatric or mental health treatment; testing or treatment of sexually transmitted diseases and HIV/ AIDS.

___ Medical Records, EXCLUDING any information related to the treatment for substance abuse or dependency; psychiatric or mental health treatment; testing or treatment of sexually transmitted diseases and HIV/ AIDS.

___ Medical Records, of care from _____ to _____ INCLUDING any information related to the treatment for substance abuse or dependency; psychiatric or mental health treatment; testing or treatment of sexually transmitted diseases and HIV/ AIDS.

___ Medical Records, of care from _____ to _____ EXCLUDING any information related to the treatment for substance abuse or dependency; psychiatric or mental health treatment; testing or treatment of sexually transmitted diseases and HIV/ AIDS.

If deemed necessary, I authorize this information to be sent via fax transmission.

This applies to all information in my medical records protected under the regulations in 42 Code of Federal Regulations, Part 2.

All of your records from our practice are the property of Harbor Medical. Any record released to us by you from another health care provider becomes the property of Harbor Medical and can not legally be copied by us.

I authorize medical information to be released as indicated above. I understand this release is effective until a written consent is provided to Harbor Medical.

Signature of Patient or Patient's Legal Representative

Date

*There is a copy of \$.25 per page, unless the cost is below \$5.00.

*Copying of records takes 7-10 days.