Danielle E. Weiss, MD

Center for Hormonal Health and Well-Being

4407 Manchester Ave, Ste 101, Encinitas, CA 92024

(760) 753-3636 (760) 465-2332 (Fax)

www.centerforhormonalhealth.com

Request For Release of Protected Health Information

AUTHORIZATION: I authorize the release of information pertaining to medical history, mental health, physical condition, services rendered or treatment as described below for;

NAME OF PATIENT: _____ DATE OF BIRTH _____

SOCIAL SECURITY #: _____ TELEPHONE # _____

Release From (RECORD HOLDER): _____

_____

Street Address City State Zip

RECORDS MAY BE RELEASED TO: Center for Hormonal Health and Well-Being

4407 Manchester Ave, Ste. 101 Encinitas CA 92024_

Street Address City State Zip

(760) 753-ENDO (3636) (760) 465- 2332

Phone # Fax#

DATE(S) OF SERVICE: _____

From To

LOCATION OF TREATMENT: □ Inpatient □ Emergency □ Outpatient

TYPE OF INFORMATION: This authorization is limited to the following medical record type of information:

□ Discharge Summary
□ History/Physical Exam
□ Consultation Reports
□ Operative/Procedure Reports
□ Emergency Department Reports
□ Progress Notes
□ Laboratory Tests
□ X-ray Reports
□ Photographs/Digital or other imaging
□ Other (please specify):_____

SPECIAL CATEGORIES OF INFORMATION: You must specifically authorize the disclosure of the following types of information, check all that apply:
□ HIV (human immunodeficiency virus) test results □ Psychiatric Records □ Alcohol and/or drug abuse treatment

USE OF INFORMATION: The requestor may use the medical records and type of information authorized only for the following purposes: □ Continuing Care □ Second Opinion □ Personal □ Insurance Claim □ Other (Please Specify)

PRINTED NAME: _____ **DATE:** _____

SIGNATURE: _____

If signed by other than patient, indicate relationship: _____

Witness: _____