

Authorization for Release of Medical Records

I hereby authorize the release of my medical records from:

Aptos Women's Health
3275 Aptos Rancho Rd. Suite E
Aptos, CA 95003
Fax: 831-688-0811
Phone: 831-688-8266

- Please fax a copy of my electronic records since December 2012 to my new provider (this is a free service)

To: _____
Doctor or Hospital
Address: _____
Phone: _____
Fax: _____

- Please print a copy of my electronic records since 2012 to be picked up by me (\$20 charge to cover printing)
- I would like to have my old paper chart, which contains records prior to the switch to electronic records. They will be available, for free, after they are processed.
- I will pick up the charts in the office
- I would like them mailed, and will pay \$10 to cover shipping and handling

I agree to pay the listed costs, as well as any other reasonable costs to cover this service.

Signature: _____ Date: _____

Patient name: _____

Other names records might be under: _____

Address: _____

Phone #: (____) ____ - _____

Date of Birth: ____/____/____