

Authorization for Release of Medical Information and Protected Health Information

I, hereby authorize

Facility Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Name of Patient _____ DOB _____

Signature of Patient _____ Year you were last seen _____

Number Patient can be reached at _____

To disclose my medical information to



Timothy A. Leach M.D. and Theresa Gipps M.D.

110 Tampico Suite 210, Walnut Creek, CA 94598

Tel: 925-935-6952 Fax: 925-935-1396

Check the box and initial to specify which type of information is to be disclosed.

_____ All previous medical information

- Medical Information _____ Start Date _____ to End Date _____
- X-Ray Results _____ Start Date _____ to End Date _____
- Lab Results _____ Start Date _____ to End Date _____
- Progress Notes _____ Start Date _____ to End Date _____
- Consultation Reports _____ Start Date _____ to End Date _____
- Other _____ Start Date _____ to End Date _____

Specify the records to be disclosed:

Duration: This authorization shall become effective immediately and shall remain in effect for one year from the date of signature unless a different date is specified here _____.

Revocation: This authorization is also subject to written revocation by the member/patient at any time. The written revocation will be effective upon receipt, except to the extent that the disclosing party or others have acted in reliance upon this authorization.

Re-disclosure: I understand that the recipient may not lawfully further use or disclose the health information unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law.

Authorized Representative of Patient:

Signed _____

Name _____

Relationship to Patient _____

Witness:

Signed _____

Name _____

Patients _____

Please forward these records via:

- Fax to 925-935-1396

THANK YOU FOR YOUR PROMPT ASSISTANCE.

Should you have any questions, please contact Maria at 925-935-6952/510-909-8322 after hours